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# ***JPRS Report***

## **Epidemiology**

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## EPIDEMIOLOGY

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**NORDIC COUNTRIES' AIDS POLICIES CONTRASTED**

Stockholm NORDISK KONTAKT in Swedish, Danish and Norwegian No 8, 1987 pp 6-13

**[Text] Danish Unity on AIDS Policy**

The Folketing debate on AIDS last March showed very broad political unity on the effort to be expended--even though there is still some disagreement on how much money is to be spent.

With the support of all parties except for the Progressive Party, the Folketing approved a resolution which confirmed that the Danish effort against the illness AIDS will continue to be based on voluntaryness, anonymity and open, direct and honest information, the security of the individual through referral to health authorities, and a desire to avoid any form of discrimination.

Thereby the Folketing affirmed that there will be no registration of those who are AIDS positive, even though that was the wish of some doctors and especially the police, who believe they are at great risk of being infected in connection with their work in the narcotics environment. There will be no registration, compulsory arrangements or criminal liability--AIDS will not be regarded as a venereal disease with which it is punishable not to report with whom one has had sexual relations. In the debate it was especially the Progressive Party which advocated considering AIDS as a venereal disease.

It will now be up to Minister of the Interior Knud Enggaard (Liberal Party), the counties and municipalities to determine how this reinforced effort which the Folketing desires will be carried out. But without doubt there will be extra effort directed at the very young and injection drug users. Proposals for free condoms--which the Young Social Democrats and others have advanced--have apparently no support in the government, while attempts for free hypodermic needles for injection drug addicts--or coin machines where they can get needles around the clock--have proved to have some support.

The latest statistical survey discloses that there are now 150 confirmed cases of AIDS.

## No Compulsory Treatment

[Text] In Finland the number of AIDS cases is approaching 20, and over half of these have died. Legally the question is regulated by the new infectious diseases law which was approved this year.

It includes no compulsory treatment, and the demands for that have been very sparse in the intensive debate which took place over the AIDS problem.

As the situation now stands, AIDS is regarded as an infectious disease subject to declaration.

In a broadly based seminar just before Easter arranged by health authorities, Professor Raimo Lahti from the legal faculty of Helsinki University reported on the legal side as follows:

"Compulsory measures can be used according to the new law only in necessary special situations. The obligation to report means that the infected person should notify the doctor the probable path of the disease, while the sanctions which can be used if the patient refuses are very unclear."

Lahti also pointed out the enactment of the punishment law and said that it can apply when someone intentionally infects another, but that in practice it has particularly difficult problems of interpretation.

He called for preparation for the problems that the illness is going to bring, and said he did not believe in compulsory measures. "The effect could be minimal, or the opposite."

Professor Kari Cantell at the same seminar said that not even the most effective screening could uproot the virus in this country when HIV has come from without, and travellers are always bringing in new infections.

He also said that knowledge about AIDS is good, but that the growing number of venereal diseases shows that this has not changed sexual behavior.

Last winter there was a broad investigation of the people's knowledge of AIDS and the risks of infection. The results showed that the overwhelming majority is aware of the AIDS danger, and also knows how one can protect himself against it.

Just before that the health authorities had aimed a special campaign at teenage youths and those just over 20 to inform them of the problem. In addition there has been a broader campaign aimed at the entire population and the medical profession.

Most of the infected persons in Finland were infected abroad, but some cases of infection via infected blood donation were registered before the controls were established.

At the seminar Professor Harri Nevanlinna from the Blood Service said that all

donated blood has been tested since 1985. There have been a quarter of a million donors, and five have been found to have the HIV antibody.

"During the past ten months no new virus carriers have been found, which indicates that the infection has not spread to any great extent beyond the risk groups.

There are support centers today in Helsinki, Abo and Uleaborg. Tammerfors and Kuopio will get theirs next spring.

A major aids campaign is going on to spread information and collect money.

One hundred volunteers are working today at the existing centers, and it is intended to train 50-80 new volunteers annually.

Activities at the centers are to give psychical and social help, information, arrange anonymous tests, give schooling and consultation and conduct psychosocial research.

#### Authority To Isolate Those Ill With AIDS

[Text] Heavy emphasis is placed on the information factor in the countermeasures in Iceland.

Icelandic health authorities believe that Icelanders are in just as much danger as other Western people when it comes to the possibility of getting AIDS (in Icelandic: "alnaemi" or "eyoni"). Therefore extensive precautions have been implemented to prevent the spread of the disease.

In Iceland four cases have been diagnosed in the final stages. Two of these have died of the disease. All of them are or were homosexuals. A total of 32 persons have been found to have antibodies in their blood, and they are in the age group 18-41. It is noteworthy that none of those who were found to have antibodies are hemophiliacs.

Icelandic health authorities began in 1985 with the first measures to awaken people to the idea of the illness, and to inform them about it. A brochure about AIDS was published, with questions and answers concerning the illness, and 20,000 copies were distributed.

In November 1985 it was decided that all blood in the Blood Bank would be tested, and screening was also begun for homosexual and drug-user risk groups in City Hospital at Reykjavik.

#### Venereal Disease

In May 1986 a law was passed which determined that AIDS is a venereal disease. That means that doctors are obligated to send a report to health authorities of all those who are diagnosed as having antibodies in their blood or with symptoms of AIDS, but anonymously or by identification number (birthday and year plus a number). The doctors are also obligated to look for the ones whom

the sick person could have infected, and furthermore those who have had sexual contact with the sick person are obligated to see a doctor.

Since February this year health officials have had authority under the quarantine law to isolate a patient with AIDS if a doctor's advice is not followed or the sick person shows negligence concerning the infection in his behavior. This authority to isolate has still not been used.

The law of May 1986 also has a provision concerning information in connection with AIDS. In accordance with it, an information brochure about the disease was published which was distributed to everybody in the age group 14-24 in the country, and the brochure was sent to every single person to be certain that everybody in that age group received it.

An extensive information campaign about AIDS was started in the fall of 1986 in the 9th grade of elementary school, in the high schools and the integrated schools. People from the health centers visited the schools to give both the teachers and the students information about AIDS. Medical students and biology teachers participated in this information campaign in the capital, which lasted until February of this year.

This year health authorities have had posters printed with pictures of 102 known Icelanders who favor the use of condoms. The posters were distributed in 3,000 copies throughout the country. Places where condoms are sold have been increased in numbers, and coin dispensers have been introduced. A special song has been written to advertise condoms, and a popular singer was hired to sing it. The condom singer became a success, and was in first place on the pop list for four weeks in a row.

#### Meetings at Workplaces

Health authorities have this year arranged meetings at 50-60 of the largest workplaces where senior class nursing students gave out information about AIDS as part of their curriculum exam. This meeting activity in the workplaces has been very successful.

Health authorities have organized testing and taking of blood samples from all those going to prison or who seek treatment for alcoholism or drug addiction.

Since the first of the year all pregnant women have been offered AIDS testing, also all those seeking abortion or visiting a doctor because of some other venereal disease.

Now that tourist time is seriously beginning, brochures are being distributed to all who intend to visit southern or tropical countries, with information about AIDS and the dangers which threaten in these countries.

A comprehensive brochure about AIDS is now being produced which will be distributed to all the homes in the country. As a test undertaking this brochure will be significantly expensive.

Now at the beginning of the summer a high risk biological laboratory is being started which was established with a special view to the AIDS danger. The state purchased a large building for this activity in connection with the fight against AIDS, and the university's pathological institute will be placed there.

Finally it should be mentioned that Iceland is participating in a cooperative committee for Nordic measures against AIDS which the Nordic Council of Ministers has established. Iceland's representatives on the committee are epidemiologist Doctor Haraldur Briem and lawyer Ingimar Sigurosson.

#### Information About AIDS Hits Home

[Text] Information is the main element of the Norwegian effort against HIV infection and the AIDS disease. Investigation last year showed that most people had very little knowledge of how the HIV virus spreads--and how it cannot spread.

A grand information campaign--with TV programs, posters and newspaper ads which had a provocative effect on individuals--was begun in February. A new investigation afterward showed that the message was successful. The level of knowledge about AIDS was drastically higher, and misconceptions were largely eliminated. It also showed that people in the sexually most active age group were willing to take the consequences of the knowledge, and change their habits.

This gives the authorities hope that the number of HIV-infected and AIDS-sick will not reach the numbers of the "worst case prognosis." According to the highest prognosis by the health authorities, in 1990 Norway will have 100,000 HIV-infected and 1,800 new cases of AIDS. According to the low prognosis the figures are 30,000 and 300 respectively.

#### 'Information Bank'

Undersecretary Bjorn Martin Aasen of the Ministry of Health and Social Affairs is the leader of the Undersecretary's Committee Against Aids. He said that during the summer of 1987 an information unit will be established--an "information bank"--in the State Institute for Public Health. There the press and public will get the latest information about HIV/AIDS. The Directorate of Health will also have its own staff member in that field.

#### Action Plan

Most of the public effort against HIV/AIDS will take place within the general resources of the health establishment, but in connection with the special action plan 80 million kroner were added to the 1987 budget. The two largest items here were information measures, both toward the public and health personnel, and special measures for HIV-threatened drug abusers. The treatment capacity of hospitals will be increased, and special measures will be adopted to ensure that people with blood diseases will not be infected.

Also in this "package" were about 150 new treatment spaces for injection drug addicts, an end to restrictions on the sale of disposable needles, and expanded testing. The Storting, minus the Socialist Left Party, approved all the recommended measures--also compulsory isolation of HIV-infected and AIDS-sick people in special occasions.

#### Different Attitudes

There has as yet not been a large and comprehensive Storting debate about HIV/AIDS. But statements and committee reports from the different parties indicate that in certain areas of this problem there could be political conflict. That applies for example to the question of whether condom dispensing machines should be placed in the schools, and how extensive HIV testing of the population should be.

#### 10 Million More

The government proposed in the revised national budget 15/5 that an additional 10 million kroner be appropriated for measures in connection with the HIV-AIDS epidemic. Of this, 2.5 million goes for the action plan for schools of the Ministry of Church and Education. The Health Directorate gets 1 million for general measures. An amount of 4.5 million will be used for measures in municipalities and counties on application. Seven hundred fifty thousand is to establish an information and document center for the HIV/AIDS epidemic in the National Institute of Public Health (SIFF). The Ministry of Health and Social Affairs will use 1.25 million to strengthen the treatment facilities for drug abusers. These 10 million are in addition to the 80 million kroner which are already appropriated in the 1987 national budget, and the resources of the counties and municipalities.

#### AIDS in Sweden

[Text] A large majority of the Swedish people believe that obligatory AIDS testing should be introduced. Furthermore about 40 percent of all Swedes believe that people known to be infected with AIDS should be isolated.

This was shown by a SIFO [Swedish Institute of Public Opinion Research] poll which was published in SVENSKA DAGBLADET at the end of April.

But the chairman of the government's AIDS Delegation, Minister of Health and Social Affairs Gertrud Sigurdsen, rejected all proposals for general and obligatory AIDS testing as "absurd and meaningless."

"We will expand the testing at the rate we consider justified," she said. She believes that general testing is not justified in today's situation.

At a meeting of the AIDS Delegation on 29 April, however, it was decided to offer voluntary AIDS testing to nearly 400,000 Swedes this year.

#### Pregnant and Conscribed

They are all the pregnant women and all the 18-year-olds who are mustering for conscription. Furthermore all venereal disease outpatients, neurology admissions, psychiatric admissions and gynecology admissions.

Other groups which will successively be tested are the country's approximately 70,000 old men in recovery centers, visitors at youth reception centers, people with foreign service, for example travel bureau personnel, and eventually hospital personnel and other professional groups who are considered to be exposed to infection in their work. The National Board of Occupational Safety will determine which groups this will be.

The sporadic testing of identified blood samples from the major hospitals in Stockholm and Malmo will be expanded. So far in testing 10,000 samples, six have been found to be infected.

#### 50,000 Blood Tests

According to the AIDS Delegation's plans these tests will be expanded to include more hospitals in more cities. It is planned to thereby test about 50,000 blood samples per year.

The expanded test activity is estimated to cost about 10 million kronor.

Social Minister Sigurdsen considers the treatment of drug addicts to be the most acute question in today's situation. The situation in Greater Stockholm is defective both in the matter of access to detoxification spaces and treatment spaces. A leadership group with representatives of municipalities and county councils has been appointed to try to investigate the personnel situation. The shortage of personnel is today one of the main obstacles to drug addict treatment.

According to a poll by SIFO and SVENSKA DAGBLADET, which included a group of 1,000 persons, 6 percent have had themselves AIDS tested. Seventy-four percent thought it was a good idea to force everybody to be AIDS tested, but 68 percent said they would not be AIDS tested voluntarily. Sixteen percent expected to have themselves AIDS tested during the next year.

#### Compulsory Measures

A large number of scientists are very concerned over developments, and they claim that compulsory measures must soon be taken, primarily against prostitutes and injection drug addicts.

They are asking for more specialized information of a factual nature aimed at categories with extensive sexual contacts instead of the broad general campaign which the Swedish AIDS Delegation advocates. A side effect of this is that expensive test resources are being utilized to test low risk people.

Businesses have already begun to take the issue into their own hands. Percy Barnevik, the head of ASEA, announced at the beginning of April that people who travel abroad will be AIDS tested when they come home, and the Swedish Employers' Association has formed an AIDS Committee.

## Two Year Information Campaign

The government AIDS Delegation has the primary responsibility for the general information campaign, which is two years old, and has appropriated 40 million kronor for it. An additional 35 million is for different projects within addict treatment, social services and criminal care.

In the budget bill five million is proposed for Swedish AIDS research, but in April there were only applications for four million.

But STU [National Board for Technical Development] is planning a major effort to support Swedish AIDS research costing a total of 48 million kronor over a three-year period.

## 5,000 HIV Infected at the Most

At the end of 1985 the opinion had spread that 2,500 people in Sweden would be sick with AIDS by 1990. At the same time there would be 200,000 infected with HIV.

In an article in SVENSKA DAGBLADET on 22 May, Minister of Health and Social Affairs Gertrud Sigurdsen claimed that the prognoses made for Sweden two years ago were not correct, but they did serve as a much-needed alarm clock.

"We now see," wrote the minister further, "in the investigations which were made then, much which contradicts today's darkest forecasts:

"When in the spring of 1987 EXPRESSEN published a series of articles about the HIV infection and youth the figure 10,000 infected soon in Sweden was given as the lowest figure. The knowledge we now have in the AIDS Delegation and the assumptions made by experienced observers today indicate instead that the figure should be 5,000--or even lower."

From July 1985 to January 1987, 8,625 tests were made on criminals in custody. It was found that 111 were infected.

Testing of donated blood has been going on since the fall of 1985. Only a few blood units contained infection during the first quarter of the year of about 100,000 tested.

Of 5250 pregnant women tested, two were infected.

Among 11,200 patients tested when seeking admission for venereal diseases, 35 were infected with HIV, of which 25 were homosexual or bisexual men.

Infection among heterosexuals is very limited. In the age group under 30, 56 cases are known. Half of these, 22 men and 6 women, were infected abroad.

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## STATISTICS ON AIDS IN ARAB WORLD REPORTED

London AL-MAJALLAH 10-16 Jun 87 pp 55-56

[Article: "AIDS in the Arab World: Most Cases Are a Result of Transfusions of Contaminated Blood"]

[Text] Only a few AIDS cases in the Arab world, attributed to the transfusion of blood contaminated by the AIDS virus, have been recorded by the World Health Organization based in Geneva. Because of the social conditions in the region, only scattered information on the extent of the prevalence of homosexuality and the use of needles to inject drugs, the two principal ways in which AIDS is spread, is available. Dr Husayn al-Jaza'iri, former Saudi minister of health, is reported to have said that he believes that this disease, which is primarily transmitted through the practice of unnatural sex, which none of the principal religions permits, is a message to the peoples of the world to return to religious principles and to reject illicit and irresponsible sexual relations. The British researcher Robert Gross (see interview with him) has confirmed this trend in particular in his study of AIDS in Africa [and has affirmed] that Islamic societies are less threatened by AIDS than other African societies.

At the first conference in the region to study AIDS, the Kuwaiti minister of public health said that the region will remain free of AIDS if Arabs adhere to the precepts of their true religion. He also said that Islam prohibits homosexuality, which he described as the principal cause of the disease.

A report prepared by the (Banus) Institute for AIDS research in London in cooperation with the Norwegian Red Cross and published last March reveals the existence of a limited number of AIDS cases in the Arab world. The report is skeptical of the validity of these statistics, because of the extreme secretiveness with regard to this disease in certain parts of the Arab world, due to its link with homosexuality, illicit sexual practices and use of needle-injected drugs and because of the social pressures that affliction with AIDS might cause.

The World Health Organization asked all countries to report to it any AIDS cases that occurred on their territories. Despite the fact that about 100 countries have reported AIDS cases with the organization, most of the Arab countries had not reported AIDS cases as of the end of 1986. These countries

are Yemen--no information is available about South Yemen--Syria, Oman, Morocco, Libya, Bahrain, Algeria and Iraq. However, other sources discuss AIDS cases in Algeria and Morocco that have not been reported to the World Health Organization. Likewise, we have no information on the situation in Jordan or Lebanon, although there have been reports of some cases in Lebanon.

The countries in which AIDS cases have occurred include the United Arab Emirates, which has registered a number of cases that were caused by the transfusion of blood contaminated by the virus at the beginning of 1986. Currently, all donated blood is tested to ensure that it is free of the virus. The crown prince of Abu Dhabi donated 2.7 million dollars to the Ministry of Health so that it could buy equipment to test for AIDS. In November of last year, 70,000 Asian workers were tested and it was shown, according to information contained in the report of the (Banus) Institute, that 1 percent of these had HIV Positive, a virus that in most cases develops into the AIDS disease. All of these people were deported from the country.

Last year, Egypt discovered some cases in Cairo, one of which was an American. Those applying for work in Kuwait must present certificates proving that their blood is free of AIDS. Kuwait is the country that is most concerned with fighting the disease. It has recently established, in cooperation with the World Health Organization, an institute for AIDS research at Kuwait University. Entrance into Iraq requires a certificate showing that the traveler is free of the HIV Positive virus. Iraqi health officials are extremely concerned about containing this virus and keeping it outside its borders, because the military situation in the country, which requires the transport of large groups of men to the front, could be a fertile breeding ground for AIDS.

In Saudi Arabia, six cases of AIDS have been recorded, resulting from the transfusion of contaminated blood before the decision was made in 1986 to import blood only from the Swiss Blood Bank (see the interview with the Saudi minister of health). The same year, the government issued a decree ordering that every visitor must carry a certificate signed by his government that he is free of the AIDS virus.

The information on AIDS available in Algeria is ambiguous. However, the international organizations concerned with AIDS say that there may be AIDS cases in Algeria. There is no record of any existence of the HIV Positive virus in Algeria.

The Mauritanian government said that the country is free of AIDS. This is confirmed by a report of the World Health Organization issued in December 1986. However, Mauritania may have some cases, since there is contact through nomadic tribes between it and some of the regions in which AIDS cases or the HIV positive virus have been found.

The government of Sudan requested the help of the World Health Organization following reports that did not confirm the existence of a number of AIDS cases in the country. Sudan has common borders with Uganda and Zaire, where the disease is widespread and where there is movement of people, refugees and trade. As the report of the War on Poverty Association says, it may be that

AIDS has been carried to the country by Ethiopian prisoners of war, whom the insurgents of Eritrea and Nigeria freed across the Sudanese borders.

Reports from the Popular Front for the Liberation of Eritrea say that the leaders have applied a successful strategy to limit sexual contacts among its members. Such a success will reduce the chances of spreading the HIV Positive virus among this group of the population. As for the rest of the Eritreans, most of whom live in isolated rural areas, it is not likely that they will get AIDS, unless the disease spreads throughout Sudan, and especially in the cities of Port Sudan, Khartum and Kassala. However, the experts hope that in any case the vast distances in Sudan will slow down the spread of the virus. However, if the virus establishes itself in the country, the existence of a reasonable transportation and communications network, even if it is not evenly distributed, will facilitate the spread of the virus through this transportation and communications network.

So far, no recorded information is available on Somalia. However, the existence of common borders with Kenya and Djibouti makes the transmission of the disease possible, since there is always movement by refugees or nomadic tribes across the borders with Ethiopia. There is also local trade across the borders with Kenya and Djibouti. It would not be difficult for the virus to be transmitted, after it has become established in rural areas in Kenya and Djibouti, to Somalia across the border. In addition, direct flights with Nairobi that help spread the epidemic must be taken into consideration. Experts believe that maritime means of transportation and international ports, such as Berbera and Mogadishu, may likewise be a means of transmitting AIDS to Somalia.

If the virus becomes established in the region of the Horn of Africa and Sudan, it is feared that it will become the principal portal of AIDS to Egypt and the Arab nation, which will become, the experts believe despite all the precautions mentioned above and despite all the moral and religious restraints, a breeding ground for the disease, if the health authorities are inadequate in carrying out frank and broad educational campaigns that induce certain people in the Arab societies, as has happened in the West, to change their habits and their lifestyles and convince others who are enticed by quick adventures, that they might find themselves, suddenly and because of ignorance, victims in the claws of AIDS.

[Boxed item: "Faysal al-Hujaylan, Saudi minister of health to AL-MAJALLAH: We are Educating Citizens and Especially Travelers. The Cases That Have Been Discovered Came From Abroad"]

The Kingdom of Saudi Arabia has taken decisive steps to keep the disease from establishing itself in its territory. It knows, and its situation in this is the same as that of the Arab Gulf countries, which depend to a certain degree on foreign workers, that it might be threatened by the disease's transmission through foreign workers or blood contaminated by the AIDS virus. In an interview with the Saudi minister of health, Dr Faysal al-Hujaylan, he told AL-MAJALLAH that Saudi Arabia has taken systematic steps, the first of which was banning the importation of human blood, except from the Swiss Blood Bank, in order to ensure that imported blood is free of the virus.

The Saudi minister said that every person wishing to enter the Kingdom of Saudi Arabia must obtain ahead of time a certificate showing that his blood is free of the virus. In many cases, the traveler is tested when he arrives. He said that the British government had objected to this decision, but it had changed its mind and, along with many other European countries, it had adopted similar measures.

The Saudi minister affirmed to us that the kingdom was carrying out the necessary educational activities among both citizens and residents. He said that we alert those traveling abroad to the dangers of falling into situations in which they might catch the virus. Mr al-Hujaylan also affirmed that adherence to Islamic customs and values was a guarantee that provided protection against this dangerous disease to the citizens.

The Saudi minister of health says that the situation in the country is good, despite the discovery of a number of AIDS cases. These cases were found in American and European foreigners, who have been deported from the country, after their governments were informed that they were infected with the disease.

13292  
CSO: 5400/4526

## EFFORTS TO COMBAT CHOLERA INTENSIFY

## Shortcomings of Health Ministry

Luanda JORNAL DE ANGOLA in Portuguese 12 Jun 87 p 3

[Text] "Merchants of misery" appear in all societies, always ready to deal in the sufferings of others. This is a painful reality here among us as well.

These people seek to profit from the outbreaks of cholera affecting some parts of the country. This is the explanation for the theft of various medicines, vaccines and serums from the stocks of hospitals and health centers.

These agents of domestic counterrevolution, concerned solely with their profits, have little interest in the condition in which the medicines are kept. According to the manufacturers, vaccines should be kept refrigerated at a given temperature, for if this is not done, all of those inoculated with them may be at serious risk of death.

It is our duty, in view of this situation, to warn the people and ask them to report to the competent authorities anyone who, in exchange for money or other goods, offers medicines for the "campaign against" cholera. And people should not allow themselves to be vaccinated except at the authorized stations, nor should they accept medicines other than those distributed and recommended by the Ministry of Health.

This outbreak of cholera has also brought to the foreground some of our most serious shortcomings. The first glance is deceptive, since everything seems to fall to the Ministry of Health, which has, moreover, also committed some errors.

But let us see. At the Americo Boavida Hospital, which is a teaching institution where our future doctors are being trained and is the best hospital center in the country, the situation is dubious. The medical and paramedical personnel are working under unfavorable conditions.

It suffices to note, for example, that the cholera ward is located dangerously close to the improvised hospital kitchen. Nothing more needs to be said about the dangers of such proximity.

In this connection, the INSTAL, the national enterprise which was supposed to have installed the permanent kitchen equipment more than 3 years ago, has done little to implement its contract by the established deadline, despite the fact that it has already been paid a large part of the sum representing the work.

The overall hygiene situation in the hospital is depressing. How is it possible that for more than 5 years, the largest hospital center in the country has been having serious problems with its water supply?

A hospital is an institution in which hygiene is of primary importance, a key factor. And how can the cholera outbreak be controlled effectively when abundant water is lacking? What water there is available is thanks to the firemen who deliver a tank truckload there daily.

The doctors and the paramedical personnel at that hospital deserve our great respect for the worthy and tireless way in which they are trying to care for the health of Angolan citizens every day.

When it comes to the health centers located in the various municipalities, the situation is equally delicate. These parts of the tremendous respiratory system which is health care are in a condition which merits greater attention.

Ill-equipped, lacking water, they are doing what they can and very often more than they can, thanks to the personal relations the doctors maintain with other institutions, which respond with goodwill to the appeals made to them in order to resolve large and small problems.

There can be no doubt that it is difficult to work this way. State bodies cannot function properly on the basis of personal relations, achieving results only through influence or "clout."

The doctors and 400 medical students assigned in recent years to fight this cholera epidemic are unanimous in describing the situation as serious.

During the talks we had with these workers, doctors and students, we constantly noted reluctance to break through the curtain of silence. It was as if they were all worried about "making waves." What we heard most frequently was that "due to the situation at the present time, it is better not to say this or that." On the basis of this "situation," problems are being hushed up, tolerated or allowed to develop, so that errors multiply, inertia grows and the already difficult situation in the country worsens.

Merely keeping quiet about problems, simply trying to get around them without however resolving them, sometimes leads us into situations which would not be so tragic or even grotesque if proper steps had been taken in time.

But the situation with regard to sanitation and cleaning up the city is truly grotesque. We have done little or nothing to eliminate the great garbage dumps with which the city teems, and which in the most neglected zones constitute veritable nurseries for the bacterial and viral species which threaten the health of everyone.

The battle against cholera is being waged basically and mainly through the strengthening of hygiene measures. But the dynamism of the bodies responsible for collecting or burning garbage is debatable.

The words cleanliness and hygiene basically imply the concept of soap and water. And we all know what the water supply situation is, just as we also know that poor water quality facilitates the propagation and spread of epidemics.

Yesterday the mass distribution of Fanasil, a medicine which destroys the cholera bacterium, began in a broadly publicized campaign being carried out by the Ministry of Health bodies with the support of the Armed Forces and the mass and social organizations.

But as the Ministry of Health quite rightly warned, a real battle can only be waged against the cholera epidemic in terms of hygiene, cleanliness and sanitation. And while this is the main method, what is needed is the launching of a vigorous and forceful cleanup campaign involving the Angolan citizens. The health of the workers is the health of those who move the wheels of the Angolan revolution.

#### Donation from Spain

Luanda JORNAL DE ANGOLA in Portuguese 12 Jun 87 p 3

[Text] Two tons of medicines were donated to the People's Republic of Angola on Thursday by the Spanish government to help in combatting the cholera epidemic which is raging in the province of Luanda.

A statement issued to the ANGOP in Luanda by the Embassy of Spain says that the medicines included in the gift include tetracycline, serums, salts to combat dehydration, vaccines and other medications for diarrhea.

This gift, which the Spanish government described as "emergency aid," was presented to Angolan Vice Minister of Health Bastos dos Santos by Miguel Angel de Mazarambroz, the Spanish ambassador.

#### Fanasil Distribution

Luanda JORNAL DE ANGOLA in Portuguese 12 Jun 87 p 3

[Text] The campaign to distribute sulfadoxine tablets (Fanasil) began yesterday morning in the provinces of Luanda and Bengo. This government effort is designed to prevent the spread of the cholera epidemic which has been affecting Luanda, Bengo and Zaire since May, and which has already caused a number of deaths.

From what we could learn at some outlets in the capital, the medicine which prevents cholera was welcomed quite enthusiastically by the people, who came in large numbers to obtain the tablets. At the sites we visited, we saw a major mobilization of individuals and resources for this important campaign.

However, it should be emphasized that at a large number of the outlets, the methods of serving the people are not the best, because a certain disorganization and problems of access, making the process rather slow, could be noted. As a result we believe better service would be possible if those helping with the work in this campaign could find better methods, such as properly marked entrances and exits.

It should be noted that Fanasil tablets should not be taken by infants under 6 months of age, women in the ninth month of pregnancy, individuals diagnosed by a doctor as suffering from serious liver or kidney diseases, those allergic to sulfamides and those who have already taken the tablets. Those individuals who have already had injections of the vaccine against cholera should also take the sulfadoxine tablets.

It will be noted that the plans call for completing the distribution campaign today.

#### Cleanliness Urged in Kwanza-Sul

Luanda JORNAL DE ANGOLA in Portuguese 12 Jun 87 p 5

[Excerpt] Sumbe--The Provincial Commissar of Kwanza-Sul, Ramos da Cruz, recently urged all of the people in the province to observe the norms of sanitation, cleanliness and hygiene in order to prevent the spread of cholera.

Ramos da Cruz, who spoke during a meeting with members of the party and the government in the province, directed the provincial office of the Ministry of Interior and the People's Vigilance Brigades to ensure that the people are aware that they must not leave trash in public places.

Ramos da Cruz took this opportunity to criticize the alarming hygiene situation which can be observed in the capital of the province.

#### Cholera Diminishing in Luanda

Luanda JORNAL DE ANGOLA in Portuguese 25 Jun 87 p 12

[Text] The number of cholera cases in the province of Luanda is continuing to show a substantial decline following the campaign to distribute Fanasil (sulfamide), although "The situation is still unstable because the sanitation problems have not been resolved."

According to Dr Balbina Felix, the provincial public health director in Luanda, 110 cases were diagnosed on the 12th of this month, as compared to only 40 11 days later. On that day, moreover, not a single death attributed to cholera occurred.

The provincial director, who was quoted by the ANGOP, emphasized that there was a drastic decline in serious cases, making it easier to check on patients. The situation is not yet fully under control, according to Balbina Felix, because "We have only coped with the epidemic from the medical point of view, which allows us to say that there is 60 to 70 percent control."

Throughout the province of Luanda, an intensive vaccination campaign, with the main priority assigned to the most seriously affected zones, is now under way. The provincial public health director said that it will thus be possible to have the situation about 90 percent controlled by the end of this week.

ANGOLA

HUMAN

VACCINATION CAMPAIGNS CITED, BRAZIL DONATES VACCINE

Vaccination Campaign in Huambo

Luanda JORNAL DE ANGOLA in Portuguese 19 Jun 87 p 3

[Excerpt] Huambo--A total of 9,376 children between 9 months and 3 years of age were vaccinated during the 10th vaccination campaign in the city of Huambo, which ended recently. During this same period of time, 1,470 pregnant women and 5,290 others (not pregnant) also were vaccinated against measles.

In addition to health technicians, students at the Middle-Level Health Institute, the technical school for nurses and members of the People's Vigilance Brigades participated in the campaign.

The main obstacle underlying a certain lack of success was the shortage of transportation facilities to provide logistic support for the 43 mobile and stationary health posts established in various parts of the headquarters municipality.

Plans call, moreover, for the holding of the 12th campaign between the 11th and 28th of June, in this case for vaccination against infantile paralysis and administering the second antitetanus dose.

Brazil Donates Vaccines

Luanda JORNAL DE ANGOLA in Portuguese 28 Jun 87 p 5

[Text] The Brazilian government has donated 100,000 doses of vaccine against yellow fever to the People's Republic of Angola. This donation, which arrived in the capital of the country on Wednesday, was presented to Minister of Health Ferreira Neto by Brazilian Ambassador to Angola Paulo Dyrceu Pinheiro. National Health Director Carlos Alberto Fernandes, who attended the presentation, made it absolutely clear that there is no yellow fever in Angola, although it does exist in some African countries.

Kwando Kubango Vaccination Campaign

Luanda JORNAL DE ANGOLA in Portuguese 19 Jun 87 p3

[Excerpt] Menongue--During the first campaign carried out by the provincial public health office, 4,668 children under the age of 4 and 3,068 pregnant women were vaccinated against measles and tetanus, the ANGOP has reported, quoting the director of that office, Ambrosio Capapinha.

Ambrosio Capapinha also said that seminars were provided for health cadres, members of the Party Youth, OMA, UNTA and People's Vigilance Brigades functioning in the municipalities, communes, districts and settlements of this province, with a view to the implementation of this plan.

On the subject of cholera, this provincial health official said that to date not a single case has been reported, and that the provincial office in Kuando-Kubango is undertaking to popularize hygiene measures, while the arrival of vaccines from Luanda is expected.

The director added that some difficulties have been encountered in the work of the sector he heads due to the shortage of cadres.

Meanwhile, the provincial office of the Ministry of Health will offer a number of training sessions on cholera in this city for nursing technicians and health agents.

5157  
CSO: 5400/209

ANGOLA

HUMAN

BRIEFS

POLIO, TETANUS VACCINATIONS IN Benguela -- Provincial public health officials in Benguela will conduct a vaccination campaign against polio and tetanus on 28 June, an official note announced. The first anti-polio dose will be administered to infants and children under the age of 3. At the same time, expectant mothers should go to the health units to be immunized against tetanus. In order to achieve the goals set for this Sunday's campaign, the provincial health officials have assigned working groups to the various residential zones in an effort to set up 60 stationary facilities in the municipality of Benguela. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 25 Jun 87 p 12] 12830

CSO: 5400/211

## HEALTH MINISTER REPLIES TO QUESTIONS IN PARLIAMENT

Dhaka THE NEW NATION in English 7 Jul 87 p 3

[Text]

A total of 4,37,508 persons were attacked by Diarrhoea, between January and April, 1987 and 361 of them died, reports BSS.

This was stated by Health Minister Salauddin Quader Chowdhury Sunday in Jatiya Sangsad, in reply to a question by Shah Md. Abu Zafar (J.P. Fardipur).

Giving a year-wise break-up the Health Minister told the same member that 700382 persons were attacked Diarrhoea, in 1982 of whom 5241 died. The number of attack and death's by the disease was 4,15,882 and 5863 in 1983, 6,64,981 and 6008 in 1984, 10,75,086 and 4101 in 1983 and 13,99,419 and 4257 in 1916 he added.

The Health Minister said government had taken up a programme in 1979 to control diarrhoeal diseases in the country. Under the programme, oral rehydration saline was being prepared through four small industrial units, one each in four divisions. Sufficient quantity of saline was now being prepared both in the public and private sectors, he added.

Giving an account of the Diarrhoea Control Programme, the Health Minister said that the government in co-operation with the International Centre for Diarrhoeal Diseases and Research Bangladesh, and the Ford Foundation had taken up a programme in 1983 to control this disease. Health workers at the field level were now engaged in making the people conscious about the disease. Besides 2500 medical teams all over the country had been kept ready as part of the programme to combat diarrhoea he said.

The Health Minister informed Mr Rashed Mosharraf (AL-Jamalpur) that the number of TB patients in Dhaka district was 2,80,000 from March 24, 1982 to 1986.

In reply to a question by Sheikh Fazlul Karim, Selim (AL-Gopalganj), the Health Minister said that efforts were underway for the establishment of a separate hospital for the treatment of cancer.

The Minister said 4,300 Cancer patients received treatment in hospitals during 1985-86. All of them were presumed dead, he added.

/9274  
CSO: 5450/0184

## BRIEFS

CANCER STATISTICS GIVEN--Health and Population Control Minister Mr Salauddin Qader Chowdhury informed the Jatiya Sangsad yesterday that 4,300 people died of cancer in 1985-86. Replying to a question from Sheikh Fazlul Karim Selim of Awami League he, however, said it was not possible to say how many people died of cancer every year or how many people had been suffering from the disease in the country as no survey had yet been conducted in this regard. In reply to another question from the same member, the Health Minister said it was possible to cure a cancer patient through surgery provided the disease was detected at the early stage. He said this treatment facility was available with the district hospitals of the country. Mr Salauddin Qader Chowdhury said that at the medical college hospitals of Dhaka, Chittagong, Sylhet, Mymensingh and Rajshahi there were radio therapy machine for ray treatment to those cancer patients whose recovery was not possible. [as published] They receive this treatment for alleviating their pains, he said. The Health Minister told the House that work was going on for establishment of a separate hospital in the country for treatment of cancer. [Text] [Dhaka THE NEW NATION in English 6 Jul 87 p 8] /9274

CSO: 5450/0185

CANADA

HUMAN

AIDS CENTER, MANDATORY REPORTING, PRISON ISSUE DISCUSSED

New Federal Center

Ottawa THE OTTAWA CITIZEN in English 21 Jul 87 p A5

[Text]

Dr. Alastair Clayton, director-general of the Health Department's Laboratory Centre for Disease Control, has been assigned to head the new Federal Centre for AIDS. When fully operating in September, the centre will consolidate a number of jobs now scattered through the department, in-

cluding laboratory work, research, educational and information services, surveillance and co-ordination of clinical trials for anti-AIDS drugs. Also announced was the appointment of an associate head for the AIDS centre, Dr. Jo Hauser, who now works for the department's health services and promotion branch.

Mandatory Reporting Issue

Windsor THE WINDSOR STAR in English 21 Jul 87 p A8

[Text]

TORONTO (CP) — Mandatory reporting of anyone who tests positive for the AIDS virus and tracing their sexual contacts will be on the agenda when the Canadian Medical Association meets next month.

The association's council on health care has drafted several proposals to deal with controlling the spread of acquired immune deficiency syndrome and to protect hospital workers from exposure to the disease.

**THE COUNCIL IS** calling for hospitals to recognize the right of health-care workers to be "informed of the presence or suspicion" of an infectious patient directly under their care.

It also wants anyone who tests antibody positive for AIDS to be reported to provincial health officials and their contacts traced.

The proposals will be debated and voted on by about 400 doctors who make up the association's general council.

While AIDS is reportable in all provinces, only Ontario, New Brunswick and Nova Scotia require that antibody positive tests be reported to health authorities.

A person testing positive has been in contact with the AIDS virus, is infectious for life and has a better than one in three chance of developing the fatal disease.

More than 50,000 Canadians are believed to be infected with the AIDS virus.

- Dr. Norman Da Sylva, the council's co-ordinator, said contact tracing is important to control the spread of AIDS.

Hospital staff have the right to know

when to take blood or fluid precautions with a patient who poses a health risk, Da Sylva said, although they need not be told the patient is antibody positive.

"**THERE ARE SUBTLE** ways of getting that information on a patient's chart without spelling out the diagnosis."

Dr. Hedy Fry, an obstetrician who is the B.C. representative on the council, said health care for such patients will suffer if the recommendation is implemented.

"I can understand the right of health care workers to know (if a patient in their care is infectious), but what will be the consequence?" she said.

"I'm certain the manner in which hospital workers are informed will be done confidentially, but what concerns me is the result — will some patients eventually be denied health care?"

#### Prisoner Handling

Ottawa THE OTTAWA CITIZEN in English 21 Jul 87 p A3

[Article by Bert Hill]

[Text]

An adjudicator has ruled that federal prison guards cannot refuse to deal with prisoners possibly infected with AIDS on the grounds their health is endangered.

But Michael Bendel, deputy chairman of the Public Service Staff Relations Board, did order Kingston Penitentiary to provide guard John Walton and other interested guards with inoculations against Hepatitis B because it represents an occupational danger.

In May, Walton and another guard, Keith Thompson, refused to escort prisoners from three isolation cells because they suspected the prisoners were suffering from AIDS or Hepatitis B.

It was the first reported case of employees covered by the Canada Labor Code citing fear of AIDS — acquired immunodeficiency syndrome — as a reason for refusing to do work.

The two guards feared the three prisoners might throw toilet pails at them, or might bite or spit at them.

In May, one paroled inmate of a federal penitentiary had AIDS, and six tested positive for the presence of AIDS antibodies.

A Labor Department safety officer investigated and concluded there was no danger, but Walton asked the staff relations board to order the penitentiary to provide greater protective measures for guards.

Following the incident, it was established that, while none of the prisoners had AIDS, one did have Hepatitis B, a disease readily transmitted through saliva.

Dr. Gordon Jessamine, of the Department of Health and Welfare, testified that no measures other than rubber gloves and applying bandages to cuts are necessary to protect guards from AIDS.

Bendel concluded there was no evidence Walton could get AIDS from being hit with the toilet-pail contents or being bitten or spat on.

While "the danger of infection from such contacts has not, I believe, been ruled out definitively," Bendel said it did not constitute sufficient evidence of danger to refuse the work.

However, Bendel ruled that Hepatitis B, a disease which attacks the liver, was an occupational danger to guards.

/9317  
CSO: 5420/37

## TORONTO CONFERENCE EXAMINES VTEC INFECTIONS

Toronto THE GLOBE AND MAIL in English 14 Jul 87 p A18

[Article by Craig McInnes]

[Text]

When it killed 17 residents of a nursing home in London, Ont., two years ago, the toxic strain of the common bacteria E. coli was considered a rare problem.

The bacteria — known as verocytotoxin-producing E. coli, or vtec — had been identified only a few years before by scientists working for the Department of Health and Welfare in Ottawa.

Up to 1985, only a few outbreaks of the toxic bacteria, which are picked up from meat and dairy products, had been reported around the world.

But yesterday in Toronto at the first international conference to study vtec infections, scientists from around the world said the toxic bacteria are a common menace.

Vtec bacteria cause diarrhea and bloody diarrhea and the more serious hemolytic uremic syndrome, which is the leading cause of kidney failure in children.

Scientists started looking for the bacteria only after their existence was reported by Canadian scientists in 1977. What they found has led some to believe they are dealing with a growing problem.

"It's very hard to say how big it's going to be," Dr. Paul Blake, chief of the enteric diseases branch of the Centres for Disease Control in Atlanta, said in an interview.

"The evidence we have so far ... suggests that this is a disease that was not very important back in the 1970s, but that it seems to be increasing in the 1980s."

One study, which looked at the prevalence of vtec bacteria in meat and poultry from retail outlets, found that 3.7 per cent of the beef, 1.5 per cent of the pork, 1.5 per cent of the poultry and 2 per cent of the lamb contained the bacteria.

The study, which was conducted by scientists at the University of Wisconsin, included samples from grocery stores in Calgary. One of 14 pork samples and five of 17 beef samples from Calgary contained the organism.

Vtec infections appear to be seasonal, with the highest incidence in the summer. The Laboratory Centre for Disease Control in Ottawa says 750 reports of vtec infection were made in Canada in 1986.

"This is only the tip of the iceberg," said Dr. Mohamed Karmali of Toronto's Hospital for Sick Children, one of the chairmen of the conference, which was sponsored by the hospital and the University of Toronto.

"Most people who have diarrhea don't go to their doctor. It's only when your symptoms are severe enough that you go and see a doctor."

There are still more questions than answers about the prevalence of vtec bacteria and their effect on people.

"It's entirely possible that this is a childhood disease, like other specific infectious diseases of childhood, and what we're seeing is a relatively high incidence in children, very little in the normal adult population and perhaps an increased susceptibility in the elderly," Dr. Karmali said in an interview.

But it is also possible that the infection is not common in children, so when there is an outbreak a large number of children can be affected because they have no resistance, Dr. Karmali said.

That was the case when three kindergarten classes from Sarnia, Ont., were exposed to the bacteria during a visit to a farm 15 months ago. Forty-one of the 63 children developed symptoms

from the bacteria. Three developed hemolytic uremic syndrome and were in critical condition before recovering.

There is no effective treatment yet for vtec infections. Doctors currently treat the symptoms while the patient's own defence mechanisms fight the toxic bacteria.

Antibiotics have no effect on vtec bacteria, and may make the problem worse by destroying bacteria that are helping the body to cope with the toxin, Dr. Karmali said.

People can avoid most problems with the bacteria by making sure food is well-cooked, he said.

"It's the food chain that gets contaminated and we get it from the food chain," he said.

"If people paid attention to simple hygienic measures, the whole problem could be substantially reduced."

/9317  
CSO: 5420/38

CHILE

HUMAN

BRIEFS

AIDS CASES--Arica Hospital Director Dr Oscar Torre Alva Alarcon has confirmed the existence of 42 cases of AIDS in Chile, of which 22 patients have already died. He said that no cases of AIDS have yet been detected in Arica.  
[Summary] [Santiago Domestic Service in Spanish 1030 GMT 6 Jul 87] /9604

CSO: 5400/2073

CZECHOSLOVAKIA

HUMAN

AIDS STATISTICS UPDATED

Bratislava SMER in Slovak 12 Jun 87 p 2

[Interview with Tomas Geist, MD, ScC, director of Regional Hygiene Clinic in Banska Bystrica, by Ivan Jary: "Everyone Can Protect Himself"]

[Excerpt] More than 50,000 cases [of AIDS] have been reported in the world, 35,000 of them in the United States. However, it is estimated that as many as 20 times that number go unreported. As of today, 8 cases have been diagnosed in the CSSR, 4 of them in the CSR and 4 in the SSR. Two of the patients in the SSR died. All cases were reported in Bratislava. No case of AIDS has occurred as yet in the [Central Slovakia] kraj.

Pursuant to the decree of the SSR Ministry of Health, our kraj began testing individual groups of citizens. Thus far serological tests of an antitoxin against the HIB virus in the blood serum involved more than 70,000 persons in the SSR, of whom more than 13,500 individuals were tested in our kraj; all were blood donors and some from the risk groups. Blood donors in the whole kraj are being tested in the Regional Transfusion Clinic in Banska Bystrica, where not only every donor is tested but also blood donated subsequently is tested. Other groups of citizens are tested in the Research Institute for Preventive Medicine in Bratislava; as of 1 January 1988 this testing will be conducted in the Regional Hygiene Clinic in Banska Bystrica. The CSSR has a total of 47 serologically positive cases--39 in the CSR and 8 in the SSR; 3 of them are foreigners.

9004/12859  
CSO: 2400/367

## FEWER CASES OF INFECTIOUS DISEASES REPORTED

Bratislava PRAVDA in Slovak 9 Jun 87 p 5

[Article by Luba Zemanova: "Infectious Diseases Are Receding"]

[Text] In the course of the past year and since the beginning of this year, the epidemiological situation in Slovakia was developing favorably. We were informed about it by the functionaries of the Ministry of Health of the SSR at a press conference. Cases of typhus fell considerably and the frequency of virus hepatitis (inflammation of liver) also declined. There was not a single case of polio or diphtheria; tetanus occurred only once, measles twice and 27 people contracted whooping cough.

Such successful results in the struggle against infectious diseases were achieved by effective prevention through vaccination, which is being constantly improved and expanded in our country. Last year, we began to vaccinate all pre-school age children against rubella, not a serious illness in itself, but capable of causing serious damage to the fetuses of pregnant women exposed to it. Therefore, all pregnant women are examined (although they can be vaccinated only after the termination of pregnancy) and, for the past four years, all girls of 12 years of age and older are vaccinated. Thanks to such prevention measures, the occurrence of rubella diminished to one-tenth of the long-term average, which is undeniably a success; it is estimated that by 1990, the disease should be completely eliminated. According to Dr Ivan Masar, deputy hygienist of the SSR, adult women without antibodies against rubella who wish to get pregnant in the future have the possibility of being examined and vaccinated in every consultation office for pregnant women or the nearest ambulatory clinic.

In contrast to these successes however, the development of some infectious diseases is alarming. We are talking here namely about intestinal infections --salmonella and dysentery. There are regions, as for instance Michalovce, Presov and some other towns in the Central Slovakian Kraj, where the occurrence of these illnesses even increased. The cause of this was an unsuitable processing of certain meat and egg products. Dysentery occurred mainly during the summer, in connection with vacations and sojourns in thermal spas. These facts should serve as appeals to the relevant health functionaries to pay maximum attention to the overall hygiene conditions in recreational centers during this year's vacation period.

The cases of AIDS are becoming more numerous in the world. They occurred already in 105 countries, with almost fifty thousand people afflicted. In 1986, even in our country, another case of AIDS--a foreign student--was diagnosed. Since the beginning of this year, all blood donors have to undergo a preliminary test. All those examined so far--(50,000)--were negative, which can be considered as a favorable situation. The fundamental prerequisite of a successful struggle against AIDS, however, is sexual life excluding frequent changing of partners.

12707  
CSO: 5400/3024

DENMARK

HUMAN

INCREASED FUNDS FOR AIDS FIGHT

Copenhagen INFORMATION in Danish 6 Jul 87 p 10

[Text] Internal Affairs Minister Knud Enggaard (Liberal) will ask for no less than 75 million kroner after the summer recess to use in the fight against AIDS during fiscal year 1988.

State spending on AIDS measures in Denmark amounted to around 50 million kroner in 1985 and will add up to roughly 60 million kroner this year.

This emerged from a reply Knud Enggaard gave to Folketing member Mogens Camre (Social Democrat) who asked the minister to give an account of the Swedish effort to combat AIDS.

The main difference between the Danish and Swedish efforts to fight AIDS is that in Sweden AIDS has been classified as a venereal disease, bringing it under the law on venereal diseases. Thus the Swedes have been able to use compulsory measures in dealing with people who have been infected with AIDS and those who have contracted the disease.

As an example the internal affairs minister mentioned that the Swedish authorities have imposed a ban on so-called bath house clubs and the like in an effort to prevent the spread of the dread disease.

In a basic 2-year appropriation Sweden has provided around 200 million Swedish kronor for AIDS measures--with 50 million earmarked for special subsidies for treating patients in urban areas--and a subsidy of 10 million Swedish kronor was provided for measures aimed at drug addicts.

But a direct comparison cannot be made between the amount provided by the Swedish state and Danish state spending on AIDS measures, according to the internal affairs minister.

In Sweden AIDS measures are financed by the state, while in Denmark the expenses are shared by the state, the counties and the local communities.

6578  
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## TWO PERCENT OF POPULATION FOUND WITH UNDIAGNOSED SYPHILIS

Copenhagen INFORMATION in Danish 4-5 Jul 87 p 7

[Article by Anne Brockenhuis-Schack: "Syphilis Epidemic in Greenland"; first paragraph is INFORMATION introduction]

[Text] Screening has revealed that 2 percent of the Greenland population has undiagnosed syphilis.

Greenland is in the middle of a serious new syphilis epidemic with figures similar to those from the 1970's. This is indicated by the almost complete results of the screening program that has been going on in recent months. An average of 2 percent of the population had previously undiagnosed syphilis in the six districts that were studied and in some areas, such as Julianehab, the figure was as high as 5 percent.

The final results of the study will not be available until the beginning of next week when the last tests are analyzed at the State Serological Institute. But Dr Jens Peter Brangstrup Hansen, acting chief medical officer for Greenland, told INFORMATION that he does not believe these figures will change the results of a preliminary summary made 14 days ago. This summary was based on 44.5 percent of the material, including 5,564 tests which revealed around 130 undiagnosed cases of syphilis.

## Epidemic

"The study confirms what we could see from the figures as early as the first 3 months of the year. We have now reached a total of 370 cases in the first half of the year and if the figures for the second half are comparable, the total will be as high as the level we had in the 1970's. In other words we are in the middle of an epidemic with very serious consequences," he said.

Those are the unpleasant facts that met Greenland Affairs Minister Tom Hoyem (Center-Democrat) when he arrived in southern Greenland yesterday.

When INFORMATION got in touch with the ministry on Thursday, the minister was attending an important meeting. But Assistant Secretary Arne Kristiansen

was able to tell us that although ministry officials did not know the results of the study yet, "there are rumors that syphilis cases are on the decline." However that is not correct.

The six districts studied include four southern areas, Julianehab, Nanortalik, Frederikshab and Narsarssuak, and two northern districts, Sukkertoppen and Egedsminde. The target group is people between the ages of 15 and 60, a group that includes around 12,500 people, but only 7,500, or roughly 60 percent, have agreed to be tested.

#### Disappointing

"That is disappointing, we had hoped for a participation level of 80 percent, corresponding to around 10,000 people." Brangstrup Hansen thinks the figure is so low partly because of indifference and partly because of a certain amount of insecurity in small communities where people would find out if someone was infected.

We asked if doctors in Greenland were exempt from professional secrecy obligations.

"No, but in small communities everyone knows each other and knows what is going on. This makes people feel insecure. For this reason I also think the letters we send out in an effort to trace contacts should be anonymous."

Details of the screening campaign were planned locally. In some places blood tests were taken at hospitals, in other districts they were taken at polling places, which produced a lot of participants. The largest degree of participation occurred in Frederikshab and the smallest apparently in Julianehab, where the problem also seems to be the greatest.

Nothing can be said about age distribution on the basis of this study, but the acting medical officer did not think it would differ much from the distribution of normally diagnosed cases, where the average age is 29 for men and 25 for women.

Due to the fact that the figures fluctuate a great deal from one district to another--some of the northern districts had a new case level of only around 1 percent--the data cannot be used to extrapolate the probable number of cases in Greenland as a whole.

The study did not cover gonorrhea or AIDS. In an AIDS screening program in January that tested 1,800 people seeking help at venereal disease clinics, no cases of AIDS infection were found.

#### Recommendations

Against the background of the almost completed study, the Public Health Administration will recommend to the ministry that diagnosis and treatment be tightened up, that a specialist in venereal disease be stationed in

Greenland and that educational efforts be speeded up for both the adult population and Greenland school children.

The ministry has not done anything yet and Assistant Secretary Arne Kristiansen explained this by saying that they have been waiting for a month for the Public Health Administration's recommendations. Brangstrup Hansen said that the recommendations will probably be sent to the ministry in a week and a half.

Another child died recently in Greenland as a result of congenital syphilis, acquired because the mother also had the disease. Brangstrup Hansen said the situation is especially serious because of the many undiagnosed cases and the nature of the disease.

It can take anywhere from a few weeks to months from the time a person is infected before the first signs appear in the form of sores on sexual organs and perhaps also in the mouth along with swollen lymph glands in some cases. The sores and the swelling are painless and disappear again after a few weeks. After that weeks or months can go by before the second stage of syphilis sets in with a skin rash and possibly peeling. These symptoms disappear after a couple of weeks and the infected person does not notice any signs of the disease at all, although there are still bacteria in the person's body. In stage three, also called neurosyphilis, the disease attacks blood vessels in the heart, brain and spinal cord and can be fatal.

Throughout the entire course of the disease the infected person can also infect others. Infected pregnant women run the risk that the fetus will die during pregnancy or, as mentioned above, that the child will die after birth as a result of congenital syphilis. In the current screening program no one was found who had the tertiary stage of the disease.

#### Disguised Symptoms

"The problem is that treating chlamydia and gonorrhea with penicillin and antibiotics can disguise some of the symptoms of syphilis although the treatment is not enough to destroy the syphilis bacteria," said the acting medical officer.

Consideration of what should be done about syphilis is also connected with the fear that AIDS will be introduced in the Greenland community. Earlier conjectures, based on an English study, that Greenlanders would be less susceptible due to the special composition of the surface protein of the cells do not seem to hold up. A Danish review of blood tests from people with AIDS showed exactly the same protein composition as in the normal population.

Greenland Affairs Minister Tom Hoyem said earlier that he will review the ministry's budget to see if he can find the funds that are needed to combat AIDS. Assistant Secretary Kristiansen said the minister "probably phrased this incorrectly." However when the ministry has received the Public Health

Administration's recommendations, it will consider whether changes should be made in the 1988 budget proposal. But nothing has been decided yet.

When INFORMATION wrote about the situation with regard to syphilis and AIDS in Greenland in April, the minister said that Denmark was willing to contribute half a million kroner to combat AIDS if the government of Greenland would come up with a matching amount. Assistant Secretary Kristiansen now says that "we'll probably have to whistle for the half million from Greenland."

A real AIDS campaign will get started in Greenland in September or October with films, videos, radio broadcasts, brochures, posters and the distribution of free condoms.

Before then Jens Christian Misfeldt, who has served before as community physician in Greenland, is expected to be appointed as the second chief medical officer. This will happen after an agreement has been reached between the Contract Board and the Medical Association concerning wages.

Misfeldt, who is a community physician in Vejle, was in Greenland as recently as April to work out plans and proposals to coordinate the various authorities in the combined effort to combat sexually transmitted diseases in Greenland.

6578  
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## ISLAMIC VALUES CITED AS PROTECTION FROM AIDS

London AL-MAJALLAH in Arabic 10-16 Jun 87 p 56

[Interview with Dr Muhammad Sadiq Sabur, professor and head of department of internal diseases at the college of medicine in 'Ayn Shams University, by an unidentified AL-MAJALLAH correspondent: "We Fear Foreign Tourists and Recklessness of some of our Youths Abroad"; in Cairo, date not specified]

[Text] Dr Muhammad Sadiq Sabur, professor and head of the department of internal diseases at the college of medicine in 'Ayn Shams University, is one of Egypt's scientists most concerned with AIDS disease and the development of its research and statistics on the disease. Together with Dr 'Abd-al-'Aziz al-Khuli, head of the antibiotics and vaccines organization, Sabur participated in an international discussion on AIDS disease via satellite, despite the fact that Egypt is almost free from the disease. Egypt has known only four cases of AIDS, three of which involved Egyptian citizens in the UAE who got infected following surgical operations during which they received transfusion of infected blood. The fourth case involved a perverted U.S. citizen, at the American University in Cairo, who was deported after it was found that he suffered from AIDS.

Dr Sabur rejects the claim that the African continent is the source of the AIDS virus, yet he does not define the source from which he believes AIDS has originated. But he believes that sexual perversion is the "source of the disease", as he puts it, and the cause of its spreading. However, he believes that, in any case, the beginning was in Africa where an American diplomat in Kinshasa, the capital of Zaire, got infected. This individual went to live in San Francisco, the world's capital of sexual perversion. In Dr Sabur's view, AIDS has become endemic in Africa, especially in the equatorial regions.

Since AIDS moves with the movement and shifting of people, the Great Sahara continued to constitute a natural barrier preventing the spread of disease from the infected areas (particularly in Zaire and Rwanda) to North Africa and then to Europe and the rest of the world. This leaves the Nile Valley, from its origins in Uganda and Kenya and its course through Sudan and Egypt, as the natural path for population movement, and probably the easiest path for the spread of the disease to the other Arab countries. But Dr Sabur rejects this suggestion, saying that perhaps this would have been possible before the era

of the aircraft and rapid communications. However, the disease was carried to the United States and Haiti before it entered Egypt and Sudan.

Natural relations between men and women, which necessitate having sex with one person, are the best protection against this disease and prevent its spread. Moreover, sexual perversion is banned in Islam.

Egypt has been anxious to eliminate one of the main causes of the spread of the disease, namely the transfusion of AIDS-infected blood to other patients. According to Dr Sabur, the colleges of medicine in the universities of Qasr al-'Ayni and 'Ayn Shams, as well as the armed forces' medical services, have begun surveying all blood samples in order to insure that the blood is free of the AIDS virus. Several Arab countries, including Saudi Arabia, Kuwait, the UAE, and Jordan, have also pursued the same course.

Dr Muhammad Sadiq Sabur admits that there is a possibility of AIDS entering Egypt through foreign tourists, or because of some minor misadventures in which Egyptian youths might get involved when they go to Europe during the summer to look for work. But he believes that such a possibility is very remote, because Arab youths in general are by nature averse to sexual perversion and its practices. He says: "This is a fact which everybody knows, and it is not a way of burying one's head in the sand." But some of the Western scientists with whom AL-MAJALLAH spoke do fear that the Arab world is indeed burying its head in the sand. Sexual perversion has been only a secondary factor with regard to AIDS entering and spreading in Africa. It has been established that AIDS is transmitted through sexual relations between men and women in black African communities which sometimes do not attach great moral values to extramarital sexual relations, or in societies in which an individual has more than one sexual partner outside the marriage establishment. Scientists in the West also argue that local prostitutes, each of whom is estimated to have contacts with about 1000 men a year, are a principal cause for the spread of AIDS. While Western scientists admit that conservative Islamic societies in Africa are less vulnerable to AIDS, this does not mean that they are entirely immune against the disease, because some souls in these societies are weak or perverted.

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CSO: 5400/4611

ETHIOPIA

HUMAN

DEPUTY HEALTH MINISTER MAKES STATEMENT ON AIDS

EA211514 Addis Ababa Domestic Service in Amharic 1700 GMT 20 Jul 87

[Text] The Ministry of Health has announced that the existence of the disease AIDS in our country has been established through the monitoring carried out by medical personnel and through results of blood screening. Azeb Tefera gives us the details:

[Begin Tefera recording] In a statement he gave on Ethiopian television last Friday regarding the issue, Comrade Dr Getachew Tadese, deputy minister of health, disclosed that five people had been infected by the disease: Three of them had died from resultant complications and two of them were still suffering. He recalled that initial tests had shown that signs of being afflicted by disease was evident only in the blood, adding that according to results of blood tests carried out since then the number of those afflicted by the disease has risen.

Dr Getachew went on to say that regarding the work of testing and monitoring of the disease, the WHO, in line with the responsibilities it was given, has formulated a short and intermediate-term plan in cooperation with the Ministry of Health. He pointed out that assessment of the collection of data and process of testing will be followed up as well as supervised under a strengthened center. He said that efforts will be increased so that the people are fully aware of the preventive measures to be taken to halt the spread of the disease through sexual contact. He explained that in order to halt the spread of the disease through blood or blood related viruses close follow-up and supervision will be carried out by the blood banks of the Ethiopian Red Cross Association and other institutions of health which are currently organized in an ultra-modern and capable manner.

He stated that correct monitoring and supervision will be carried out to avoid the spread of the disease through syringe needles and other forms of local medicine which involve breaking the skin. He said that efforts to be made to halt the spread of the disease will include those through the mothers and children health care program to avoid the infection of children.

Comrade Dr Getachew pointed out that there will be 15 professionals and 19 supportive staff in the Central Coordination and Program Department. He said that in addition to the high expenditure approved by the revolutionary government, ways of acquiring financial and material assistance from the WHO and various donors have been formulated. He pointed out that it was necessary to obtain information on the correct measures, and to acquire education and clarification by forwarding queries to the relevant department, adding that it was necessary not to be disturbed by incorrect allegations and to take care of oneself.

Dr Getachew particularly called on sections of society exposed to the disease and that could be exposed to take note of the educational statements being issued through the Ministry of Health on avoiding the disease and to implement them in practice. [end recording]

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CSO: 5400/213

## AIDS EMPLOYMENT PRACTICES VARY

## Bonn Weighs Testing Applicants

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 2 Jul 87 p 3

[Text] Bonn, 1 Jul--Federal Minister of Justice Engelhard (FDP has not ruled out AIDS tests for employment in the civil service. On Wednesday Engelhard announced that he could accept the viewpoint that the civil service must not play a trailblazing role in the introduction of AIDS examinations. He said that one must realize "if the civil service now goes on ahead in such a general way with AIDS tests, this could also very easily have consequences for the entire labor sector outside the public service, so that very soon the whole host of other employers, and especially very extensively organized large enterprises, might also avail themselves of corresponding measures." But, he said, in the appointment of career officials it is a matter of employment for life; therefore the applicants are examined by the doctor. When there is an indication of an infection, "under certain circumstances the question already arises" of whether this medical examination must be extended to looking for AIDS, "because otherwise the possibility must be faced that a not inconsiderable number of officials will be employed who are unfit for work because of AIDS." Engelhard pointed to the right to benefits of officials who have contracted AIDS; for this reason one cannot "answer in advance with a 'no'" the question of a medical examination that is extended to testing for AIDS.

On the other hand, Federal Health Minister Suessmuth declares herself to be against AIDS testing in connection with employment in the public service, because of the consequences to the private sector. She rejected vis-a-vis the CDU/CSU deputies the argument referring to benefit claims, on the grounds that people infected with AIDS become a charge of the state government when they cannot themselves earn their living. The domestic-affairs policy makers of the CDU/CSU fraction do not share the view of the health minister. They say that although the public service must not assume a trailblazer role, it has a special obligation. They mention the accommodating of policemen in communal quarters and corresponding conditions in the Bundeswehr.

In Bonn it is not disputed that wherever it has a monopoly, the state must not make training (of candidates for higher civil service, for example) dependent on an AIDS test; benefit burdens do not arise in this case. The members of the

domestic-affairs working group of the CDU/CSU union fraction seem to espouse more keenly than Engelhard the idea that--as in Bavaria--medical examinations for employment in the public service should be extended to AIDS. The statement could be heard that it does not make good sense to examine applicants for obesity, but not for AIDS. But an AIDS infection makes it impossible for an applicant to become a career official, it is said among the domestic-policy makers of the union parties, also with reference to benefit rights. They point out that Minister Suessmuth has said that even infected people should be accepted, because at least they could work a number of years, and consequently the infection entails only the risk of a later illness. It has not yet proved possible to answer, they say, the question of whether people infected with AIDS could be accepted as employees without tenure in the civil service. If they get sick, it is not the state but the pension insurance fund that bears the costs of benefits.

#### Bavaria Upholds Applicant Screening

Munich SUEDDEUTSCHE ZEITUNG in German 1 Jul 87

[Article by Egon Scotland: "CSU Insists on AIDS Tests for Career-Official Applicants"]

[Text] The CSU majority in the state legislature committee on the civil service has not allowed itself to be dissuaded, even in light of a number of unsettled questions, from espousing tests for HIV antibodies as an employment condition for future career officials of the Free State of Bavaria. With that, so far Bavaria stands alone in the FRG in this regard. The question of what happens with applicants from services of the Federal Government or other Laender remained unclarified in a debate lasting almost 2 hours, as did the question about the proper course of action with regard to Bavaria's three municipal--thus not state-controlled--public health offices in Munich, Nuernberg, and Augsburg, from whom the corresponding municipal councils can demand different administrative procedures. What local and technical oversight supervisors of the interior ministry will say on this has also not yet been agreed upon internally with the central municipal associations, reported an official of this ministry to the deputies who were holding discussions on an emergency motion of the SPD to revoke the corresponding directives to the state public-health offices.

Walter Engelhardt (SPD) held up to the majority fraction, without effect, a text from the federal public health minister, Rita Suessmuth (CDU), which had warned unequivocally against the statutory stipulating of such examinations, because these would entail burdens for the government. Those affected would be likely to become dependent on public assistance and could no longer make a living from their own labor.

Nevertheless the CSU insisted that these tests served merely the purpose of protecting the taxpayers from conceivable benefit-claim cases, just as they are protected by tests from claims of career-official applicants who suffer from overweight, asthma, or psychoses. One "gladly puts up with" the side effect of breaking additional chains of infection, if by these means infected people learn for the first time of their danger and adjust their behavior accordingly,

said a government spokesman. He admitted that for people 23 to 25 years old a medical prognosis is always extremely difficult to make about whether or not they are likely to remain employable for another 40 years. In no case, he said, will the findings be divulged, but will continue to be subject to the doctor's confidentiality obligation.

#### Tests on 7,000 Annually

Annually, about 7,000 people are being tested in Bavaria prior to being given such employment, it is reported from the interior ministry. Since the enactment of the most recent directives on 2 June, about 200 applicants have come to the public-health medical officer. But return reports on the number of those testing HIV-positive are not yet in. On the basis of rough statistical estimates, at most 10 HIV-positives are likely to emerge among the 7,000 tested per year. Salaried employees and wage earners who carry the HIV antibodies in their blood would continue to be employed by the state, asserted CSU deputy Gebhard Kaiser, because they cannot claim the same benefits as career officials. The SPD and Greens did not prevail against the CSU. Due to a shortage of CSU deputies the session began 10 minutes late, because the numerical majority did not manage to telephone each other more quickly than this.

#### Berlin Court Protects Employees

Munich SUEDDEUTSCHE ZEITUNG in German 24 Jun 87 p 1

[Text] Berlin--An infection by the AIDS virus is not alone a sufficient reason for dismissal without notice or on due notice. In the grounds for its already published judgment the Berlin labor court has ruled further that in such cases the employer must even protectively stand up for the infected person if other workers demand his dismissal. The court's assumption was that according to the present state of knowledge about this, infections by the immune deficiency disease AIDS are possible only through intimate contacts and blood transfusions. Thus, transmission through "normal social contacts" is out of the question. Also an employee is not made incapable of fulfilling his job duties by the infection, it said. The court also did not accept the argument that several colleagues of the person infected with AIDS had exerted pressure on the employer by way of threats to quit. It said that the employer himself provoked such behavior by having unexpectedly put the question to the workers of whether they wanted to continue to work together with their AIDS-infected colleague. In the view of the court, the employer should have at least made it clear that normal contacts on the job are not associated with any danger.

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## BAVARIAN AIDS MEASURES SPAWN FEAR, CONFUSION

Munich SUEDDEUTSCHE ZEITUNG in German 20/21 Jun 87 p 19

[Article by Stephan Lebert: "The Fear Has Grown Enormously--A Poll Shows that Doctors and Officials Want to Continue to Count on Anonymous Care"]

[Text] There is great confusion, and the fear is continuing to grow: The Bavarian catalog of AIDS measures is having its first effects on the practical work of medical information centers and hospitals. This is one upshot of a SUEDDEUTSCHE ZEITUNG poll among various Munich agencies. For another thing, all those asked point out over and over again that in Munich, AIDS counseling, care, and treatment continue to be completely anonymous and that nobody needs to fear that his particulars will be passed on in any way, such as along the lines of a notification requirement that gives names.

Hans Jaeger, AIDS expert from the Schwabinger Hospital, has been made aware of the consequences of the Bavarian decisions in a quite concrete way: "Shortly after the announcement, a pregnant HIV-infected woman called and said that she would not come to a counseling session with me to talk about a possible abortion, because she did not want to be dragged into the limelight." Moreover some large businesses have asked him whether he thought it would be appropriate to have an AIDS test as a condition for employment, as is the case with Bavarian public officials. "I advised them against it. I do not believe that the enterprises will introduce this obligatory test, just for the reason that they do not want to get into the firing line of publicity," says Jaeger.

Moreover, some people from his research project, a group of homosexual men whom Jaeger has cared for and observed since 1984, have given notice they were dropping out because they were afraid of losing their anonymity. "The fear among homosexuals has grown enormously. Many are afraid of losing their jobs, and even their residences." But in the opinion of the medical expert, this fear is not limited to the relatively small group truly affected by the AIDS measure--rather, a great many more people are worried. "This is completely irrational for the most part, but it is quite deeply felt by many. It has not yet proved possible to convey that just a very few people are affected."

For this reason, Hans Jaeger places particular value on the observation that in the Schwabinger and all the other Munich hospitals no particulars are being reported or passed on, and so AIDS counseling is still completely anonymous.

Of course one must report, for example, cases of so-called "desperados," HIV-infected people who quite deliberately want to infect others with the virus. "But such cases are unknown with us," says Jaeger.

It cannot be said for sure whether or not the readiness of the people to get counseling and "testing" has declined because of the announcement of the Bavarian measures. The agencies asked have all observed a considerable increase in counseling by telephone. "There a great unease among the people. Many call up and no longer ask only questions about the disease itself, as before, but almost even more than this they want to know what the catalog now means in detail," says Joachim Gauger about AIDS counseling at the Biedersteiner Clinic. On the other hand, the Munich "AIDS Help" group notes a clear decline in personal counseling talks. "Many still set up a date with us over the telephone. But then they do not come," declares graduate psychologist Stephan Zippel.

At the Munich public-health office, about 1,100 people came for counseling in May, considerably less than in the previous months, but in the view of the head of this public-health office, Norbert Kathke, this is not necessarily a sign of the effect of the catalog of measures, "since previously we have also seen fluctuations time and again." For June there are not yet any official figures, but each day it can be seen "that awfully many people are still coming to us." The head of the public-health office as well regards the fears that have arisen among many people as irrational, and he likewise affirms that the counseling and the tests will be done in complete anonymity, just as before. "We will not pass on any particulars." Incidentally, he says, his agency would even lack the legal foundation for doing this. "By all means we want to continue to win the trust of the people," says Kathke.

Stephan Zippel regards as "very bad" the consequences of this Bavarian policy on the work of the Munich "AIDS help." He says that this group has laboriously built up contacts with male prostitutes, for example, in order to be able to engage in an informational campaign in this difficult area as well. "All that has disappeared all at once. Many others have likewise withdrawn completely--people who hold high positions or are the fathers of families, who have had secret homosexual contacts for years. They have gone underground out of fear of the publicity. We do not see them so readily any more." Zippel says that as a rule the "regulars" appear just as before, "but new faces are very rarely seen by us any more."

Moreover, he says, it is aggravating that at every informational activity it is hardly possible to speak any longer about safer sex and personal responsibility, since the people only have questions about the AIDS catalog. "We want to inform and look after the infected and the sick. It is in this that we see our task as lying. We do not want to be constantly politicized," says the psychologist. In his experience, "a massive fear" has been spreading due to the growing number of HIV-positives (in Munich this is said to total more than 15,000). "They fear further decisions. Such as that an infected person will have to report on a constant basis and thus essentially will no longer be able to leave Bavaria. Thus they would be condemned to a complete inability to act," says Stephan Zippel.

There is great unease among Munich drug counseling agencies. They say that although not enough time has passed as yet to give definitive figures, it is possible--and here all those asked are in agreement--to speak of a "highly poisonous atmosphere" in light of some concrete examples. They say that many patients are no longer willing to undergo drug treatment in Bavaria, and some have already broken off contact with those caring for them. One woman from a drug counseling agency in downtown Munich says that the fears of many people are unfounded, "since we do not give out anything. We will not do this even if we are officially asked to. Because, to make it quite clear, these particulars will simply no longer exist. We will not let the relationship of trust with our patients that was very laboriously built up be destroyed so simply."

The main reason for such worrying is the fact that nobody quite knows how the catalog of measures will now be administered--what form, for example, the enforcement of Point A.3 of the catalog ("The public-health office will conduct inquiries if there is a suspicion that someone is infected") is to take.

Stephan Zippel thinks that the fears could perhaps largely be mitigated "if the state government would finally just say clearly what it now intends to do and what it does not intend to do."

Norbert Kathke of the public-health office affirms that neither such inquiries nor so-called initial talks have been done by his agency so far. He says that one cannot say anything about how the public-health office is to obtain the information needed for this--on that one can only "speculate wildly." Kathke says that what matters now is only how these measures are implemented. Informing and anonymous counseling must continue to be of central importance, and in his opinion "nobody in Bavaria wants anything else than the broad-minded enforcement of these decisions."

12114

CSO: 3620/288

## AIDS THREAT TO HOSPITAL PATIENTS, PERSONNEL DISCUSSED

## Experts Meet in Munich

Munich SUEDDEUTSCHE ZEITUNG in German 25 Jun 87 p 19

[Article by Christian Ullmann: "AIDS - Are We Defenseless Before the Threat?-- Experts Discuss the Spread and Effect of the Deadly Infectious Disease"]

[Text] The Frankfurt professor of medicine Eike-Brigitte Helm regards it as proven that there is a "significant danger of AIDS infection in the hospital milieu." At a conference of experts in the "Public Health Forum" of the SUEDDEUTSCHE ZEITUNG on "Aids--Defenseless Before the Threat? Attempt at a Provisional Stocktaking," the clinician said that the danger of infections of hospital personnel was not being properly assessed in the discussion: "If this increases, then we will have difficulties finding personnel."

Although the doctors and public-health policy makers in the discussion at the Munich Aerztehaus on Muehlbaur Street agreed with the view of Reinhard Kurth, president of the Paul Ehrlich Institute in Frankfurt, that semen and blood (including the injection needles of drug addicts) still had to be regarded as the main infection paths for this epidemic, nevertheless the Munich dermatologist Otto Braun-Falco said that even "microscopic lesions" of the skin or mucous membranes could serve as "gateways to infection." Thus, perhaps some of the documented HIV infections can be understood by way of blood-skin contact, he said.

To the question by State Secretary Peter Gauweiler on what consequences this could have, for example, for ambulance men, for firemen, or for police, Mrs Helm said: "Gloves in the pockets of the policeman are more important than a revolver." Based on the present state of knowledge, she said, unprotected mouth-to-mouth artificial respiration can no longer be justified. Special masks equipped with filters have now been developed. They should be included along with protective gloves in every first-aid kit, which would also serve as an incitement to the ADAC.

So far there are no reliable figures on the number of infected persons, according to the Munich virologist Friedrich Deinhardt in his epidemiological overview at the beginning of the discussion. He said that in the FRG, so far there have been 1089 confirmed AIDS illnesses (in Munich, 186). But in the FRG

one must expect there are about 100,000 infected persons. Deinhardt met with dissent on his view that the proportion of infections caused by heterosexual contacts will not increase.

From the GDR, Niels Soennichsen of the Humboldt University Charite in East Berlin took part in the public-health forum. He announced that incidental to the last Leipzig Fair the Bavarian Minister President Franz Josef Strauss had made an agreement with the chairman of the Council of State, Erich Honecker, on cooperation in the field of AIDS research. Details would now be specified more precisely in an exchange of correspondence. The GDR showed itself to be interested mainly in information on ways of treatment, since in this area it has not been possible for the GDR to gain enough experience on its own because of the low number of cases.

In the afternoon, questions of public-health, legal, and ethical consequences as well as questions of costs were discussed above all.

#### Union Protests Routine Testing

Munich SUEDDEUTSCHE ZEITUNG in German 15 Jun 87 p 20

[Text] The Public Service, Transportation and Communication Union (OeTV) has spoken out against AIDS screening tests for patients and hospital personnel. If there is adherence to the already existing hygiene regulations, there is no danger of infection, declared a spokesman for the OeTV to journalists in Munich. Nursing personnel and doctors already must now act as if the patients is infected. But routine examinations could be a step towards general screening tests.

To be sure, the extensive hygiene requirements have not been adhered to at all clinics because of considerations of saving on material, admitted the OeTV. But instead of more strict hygiene regulations, the personnel should be given better additional training. It says that in the future one can expect that numerous young patients will be lying in hospitals who are going to die from the immune deficiency disease and who will be suffering from fear, depression, and feelings of guilt.

Under the motto "we must be able to help," the OeTV wants to grapple in the coming weeks with the, in its opinion, "scandalous personnel situation" in the public health sector, announced the spokesman. Because of the high stress, hospital nurses remain working in their profession an average of only 3 years. In order to keep costs down in the public-health field, the legislators must dare to go after the pharmaceutical companies and the doctors more. In addition the OeTV pleaded for a significant raising of the compulsory insurance limit.

12114  
CSO: 3620/286

## BRIEFS

STRAUSS, HONECKER AGREE ON RESEARCH--Munich--At their last Leipzig fair meeting GDR State Council Chairman Honecker and Bavarian Minister President Strauss agreed on AIDS research cooperation. This was said by Nils Soennichsen, East Berlin professor of medicine, at an experts' meeting of the health forum to SUEDDEUTSCHE ZEITUNG. At the meeting the blood-skin contact was termed a HIV infection way that is being taken seriously in the meantime. Therefore, all medical emergency personnel and policemen must have gloves and special breathing masks with filters, things that must be also available in automobile emergency kits. For hospital personnel special protective measures are necessary. [Text] [Munich SUEDDEUTSCHE ZEITUNG in German 25 Jun 87 p 1 DW] /12624

CSO: 3620/285

GREECE

HUMAN

AIDS CASES INCREASE CAUSES CONCERN

Athens I KATHIMERINI in Greek 5 Aug 87 p 1

[Excerpts] AIDS cases are showing a rapid increase in our country, where a significant increase of the number of victims of the deadly disease has been registered in recent months.

According to epidemiological data, AIDS cases will reach 100 until the end of the year, while forecasts lead to the conclusion that these cases will be 1,000 at the beginning of the next decade. This was announced by the chairman of the AIDS committee Professor G. Papevangelou.

However, the spread of the disease is still under control and the incidence is still lower than in other European countries.

/12913  
CSO: 5400/2502

PUBLIC HEALTH MINISTRY PROVIDES 'AIDS' DATA, ALERTS PUBLIC

Tegucigalpa LA TRIBUNA in Spanish 18 Jun 87 p 2

[First paragraph is LA TRIBUNA introduction]

[Text] Some 3,000 people in Honduras might be infected with the AIDS virus. This means that the disease will spread and, within 3 years, there will be a considerable increase in the number of cases.

Members of the National Commission for Work and Vigilance Against AIDS stated this yesterday during a press conference. They announced the incidence of that disease which has led to the death of 17 Hondurans who probably acquired the virus in 1982 and 1983.

Three cases were detected in 1985. There were 12 in 1986 and 17 so far in 1987. Of this total, 63 percent died, 10 (32 percent) are known to be living, and the condition of the rest is unknown.

Those who died expired an average of 8 months after the disease began. The shortest duration was 3 months and the longest was 17 months.

Of the total cases detected, 78 percent come from northwestern Honduras, 9 percent from Tegucigalpa, and the rest from southern and central Honduras and the Atlantic coast. San Pedro Sula is the city with the highest incidence of cases (53 percent of the national total). About 75 percent of all the cases are men.

Divided by risk group, 47 percent are homosexuals and bisexuals, 44 percent are promiscuous heterosexuals, 3 percent are drug addicts who use intravenous injections, and 3 percent are people who received a blood transfusion or were sexual companions of a person in the risk group (bisexual drug addict).

The ages of 81 percent of those affected range between 20 and 39.

This is only a small part of the problem because for each confirmed case, there can be 50 to 100 people infected (carriers of the virus who have not developed the disease).

Next month the MSP [Ministry of Public Health] will begin an intense campaign on AIDS control and education. This includes the detection of AIDS antibodies in plasma in all the blood banks in the country. The private sector has been contacted--and this will be done more directly in the coming days--about private hospitals submitting plasma tests to the centers where AIDS testing is done.

Also medical and paramedical personnel from all sectors of the MSP and Social Security will be trained. The public will be made aware and educated through the radio, posters, and information pamphlets.

Private entities must detect AIDS antibodies and derivatives. There will be regulations on international travel, especially by those in the risk group.

#### AIDS and Politics

Minister Ruben Villeda said that some sectors use political elements to achieve private ends, making certain groups responsible for the transmission of AIDS. This really hurts the population. Mixing MSP affairs with politics "does not lead to good results."

This refers to the presence of U.S. troops that could carry the disease to this country.

He challenged those who speak "of possibilities" to give him at least one proof that this is true. According to what was reported in the third meeting on AIDS and just verified in Washington, doctors at Walter Reed Hospital reported that only 1.6 of every 1,000 soldiers examined tested positive for the disease.

It was explained that the U.S. Armed Forces do not accept any person who tests positive when examined before admission. Those infected remain in the United States under medical supervision.

As to MSP interference with U.S. soldiers stationed in Palmerola, it was stated that the soldiers have diplomatic standing through an agreement signed between the U.S. and Honduran Governments.

7717  
CSO: 5400/2068

## PANEL CALLS FOR INTENSIFIED WAR ON AIDS

Bombay THE TIMES OF INDIA in English 9 Jul 87 p 12

[Text] SERO collection from high-risk persons should be intensified and organised more systematically by the state AIDS (Acquired Immune Deficiency Syndrome) cells, so that the full potential of the established sero surveillance laboratories can be realised. This was recommended at a meeting of the Indian Council of Medical Research (ICMR) task force on AIDS held in Delhi in May.

ICMR complained that the information on sero surveillance activity and sero positive persons are not being regularly sent to them and because of this, it was not possible to analyse the data on characteristics of sero-positive persons since December.

A majority of the sero-positive persons have been detected in Tamil Nadu, the report on the minutes of the task force, said.

The report said that so far 5,000 blood donors have been screened and none of them was sero-positive. Acquired Immune Deficiency Syndrome (AIDS) virus isolation has been attempted at the National Institute of Virology, Pune, and the All-India Institute of Medical Sciences.

However, so far the virus has not been isolated from any of the sero-positive persons in India.

In regard to this, the report said five virologists would shortly be sent abroad to be trained in Human Immuno Virus (HIV) isolation technique.

The ICMR senior deputy director-general, Mr S. P. Tripathi, who presided over the meeting, said 35 surveillance centres had been set up all over the country and personnel from these centres were trained in the Enzyme-Linked Immuno Sorbent Assay (ELISA) techniques.

Dr Tripathi said, at the request of the

director-general of health services, the sero surveillance centres had accepted the responsibility of screening of foreign students for HIV antibodies.

The picture in this regard is rather confusing and so far only about 2,000 out of about 50,000 foreign students had been screened.

The task force recommended that all new entrants from abroad seeking admission to colleges in India must be screened before admission.

To simplify the procedure of AIDS test on foreign students, the report said, the physical examination by a civil surgeon may be dispensed with and the applicants should directly report to the nearest AIDS surveillance centre.

The result of serological examination can be made available to the applicant for submission to the college at the time of admission.

Dr I. S. Gilada, project co-ordinator, AIDS clinic, Bombay, gave some information on prostitution and sexually transmitted diseases (STD), including AIDS. He said AIDS patients should be admitted to hospitals and be kept under care.

Dr Pattanayak, a representative of the World Health Organisation (WHO) for Southeast Asian region, said in Sri Lanka AIDS patients were treated in infectious diseases hospitals. In Thailand accommodation had been provided for AIDS patients in various hospitals while Indonesian patients were treated in general hospitals.

Dr K. K. Datta, assistant director general of Health Services, outlined the national AIDS control strategy and said that sero surveillance activity was expected to provide a method of monitoring prevalence of HIV infection in different regions and groups.

The media, including TV and radio, would be used to provide information on AIDS.

/13104  
CSO: 5450/0192

### AIDS TEST TO BE MANDATORY FOR CERTAIN FOREIGNERS

Calcutta THE TELEGRAPH in English 15 Jul 87 p 1

[Text] New Delhi, July 14 (UNI): The Union health ministry has decided to screen all foreigners intending to stay in India for more than one year for AIDS.

The draft guidelines by the ministry have been sent to the ministries of home and external affairs for their comments, according to official sources.

Diplomats and members of foreign missions will, however, be exempted from the tests. Foreign newsmen who wish to stay in India will be tested on arrival. According to official sources, nearly 1.4 million tourists visit India every year.

Foreign students who come to India to study for more than one year will have to submit a certificate at the time of admission, stating that they are not suffering from AIDS. This will, however, be applicable only to new students, according to ministry sources. The government's ear-

lier decision on the test applied only to African students.

Nearly 25,000 to 30,000 foreign students come to India every year, of which 40 per cent are from African countries. The students will be asked to submit the certificates from the current academic year.

The ministry has issued instructions to all universities to get their foreign students tested. All states and Union territories have been directed to keep the results of the tests confidential.

According to official sources, as many as 42,053 people in the country among the high-risk group have been screened for AIDS up to June 15.

About 143 persons have been confirmed to be infected with the disease. Of these 17, including eight Indians, developed AIDS.

Thirty surveillance centres have been established.

/13104

CSO: 5450/0193

## DEATHS UPSET MEASLES IMMUNIZATION SCHEME

Calcutta THE STATESMAN in English 18 Jul 87 p 7

[Text] NEW DELHI, July 17. — The recent death of three children in Haryana after inoculation of measles vaccine supplied by the UNICEF has upset India's universal immunization programme, reports PTI.

A major national conference of health officials has been convened in Saugar (Madhya Pradesh) this week to find out what has gone wrong with the programme and to discuss methods for making it universally safe.

Two boys and a girl of Patwad village in Hissar district died on June 22 and four other children developed rashes minutes after being administered the measles vaccine.

The measles vaccine made by a French firm was procured by UNICEF and given to the Health Ministry. UNICEF's medical officer, Dr V. P. Kimati, was not available for comment.

The measles vaccine was made at the French firm, Institut Marieux, at Lyons. The spokesman for the firm, Mr Jaoques Coffrant, said there was nothing wrong with the vaccine. The Government has realized that its immunization campaign will fail unless there is improvement in conditions under which vaccinations are given.

Health officials here said the programme was hampered because of the scare among the

people cause by vaccination deaths in Haryana.

But the Health Ministry too is tight lipped about on why the children died after vaccination. Mr Indra Bhargava, deputy commissioner for maternity and child welfare, refused to make a statement to the Press.

A spokesman for the National Institute of Communicable Diseases (NICD) here said NICD was only a "storehouse" for vaccines. "We are not testing the vaccines" he said, implying that vaccines imported for the national programmes are not tested in India before use.

A preliminary inquiry into the death of the children by the State health officers said they probably died of toxicity in their intestines.

The viscera of the dead children had been examined by laboratories at Karnal and Rohtak Medical College and the used and unused vials had been tested by the Central Research Institute in Kasauli. The Health Ministry is treating these reports as confidential.

Some months ago, 10 children died in a Bombay hospital after being vaccinated. A Government child specialist said there have been a number of other deaths though it could not be established whether these were caused by the vaccines.

/13104

CSO: 5450/0195

**BOMBAY STUDY SHOWS HALF WORLD'S POLIO IN INDIA****Calcutta THE SUNDAY STATESMAN in English 19 Jul 87 p 7**

**[Text]** BOMBAY, July, 18.— More than half of the nearly 400,000 cases of paralytic polio occurring every year the world over are found in India, according to a World Health Organization report and confirmed by recent studies done by the Enterovirus Research Centre here, reports PTI.

Dr K. H. Dave, director of the ERC and the main inspiration behind the ERC studies conducted in this city, told reporters that in spite of institutional infrastructure and enhanced efforts to curb the disease with vaccines in Bombay, about 20 per cent of the victims received little or no medical attention at all.

"The picture emerging for Bombay also holds good for the whole country", Dr Dave said, citing an ERC report for the year 1985, when the overall incidence of polio was 13.5 per 100,000 people.

In the course of their studies, the ERC scientists observed that the polio vaccine was administered only to those children who were easily accessible. Accessibility is also limited to targets

fixed for each of the 25 States of the Indian Union.

No attempt was made to reach beyond the targets to achieve maximum coverage of the immunization programme, resulting in only a small segment of the vulnerable child population availing of the ample supply of vaccines.

The ideal time to begin administration of the vaccine is at the age of three months and completed by the sixth month. Children are susceptible to attack by the polio virus till they are two years old, unless the mothers have been immunized similarly, in which case the susceptibility is restricted to the first six months.

Most parents are unaware that polio is an acutely communicable disease, caused by the infection of the alimentary tract by the virus which also severely affects the central nervous system.

The virus usually establishes itself in the throat at least a week before and after the onset of the symptoms and also finds a safe heaven in the intestinal tract.

/13104  
CSO: 5450/0196

## TICKBORNE VIRUS SPREADING FROM KARNATAKA

Madras THE HINDU in English 15 Jul 87 p 4

**[Text]** Kyasanur Forest Disease (KFD), a tick-borne deadly virus infection, so far confined to the forest regions of Karnataka, threatens to strike the neighbouring States of Kerala, Maharashtra and Goa.

The debilitating disease was first noticed in 1955 in a few villages close to the Malnad forest areas of Shimoga district in Karnataka. And in the last three decades, there had been a significant increase in the occurrence, mostly among rural people, of this essentially zoonotic disease. Black-faced and red-faced monkeys have been found to be the susceptibles for the disease and the virus transmitted to people by a particular type of hard tick.

"There is enough evidence to suggest that the disease might spread beyond the confines of Karnataka and affect particularly the neighbouring Kerala, Maharashtra and Goa States" says Dr. D. P. Narasimha Murthy, former Deputy Director of Communicable Diseases, who has worked in the detection and control of KFD for a number of years.

He told a workshop on health writing organised by the Press Institute of India that KFD was restricted to a few taluks in the Malnad forest areas of Shimoga district for nearly 15 years since 1957, affecting mainly Sorab, Sagar, Shikaripur and Hosanagar taluks, limited to an area of about 650 sq.km.

**Spread of disease:** During 1974-76, the spread was noticed southwards involving newer areas and later it showed up in the west, including Honnavar and Sirsi taluks of North Kanara. All these areas are contiguous in the Western Ghats. During 1976, the outbreak in Honnavar was quite severe.

Dr. Narasimha Murthy said there were over 2,000 suspected cases of KFD in 1983, possibly the maximum in the last 30 years. There appeared to be several factors responsible for the persistence or disappearance of the infection among the people.

"But for the timely intervention of the Karnataka Government and the services rendered by the public health staff, the disease would have probably assumed a serious proportion and may have even become a major public health problem of the State. So, it will be even now necessary for the neighbouring Kerala, Ma-

rasutra and Goa States to take necessary precautionary steps" he said.

Asked what evidence suggested to the possible spread of KFD to the neighbouring States, Dr. Narasimha Murthy said the forest flora and fauna in the adjoining States were similar to original KFD areas. And the spread, he pointed out, was always suspected to be the result of ecological disturbances of an area and the presence of favourable factors related to agent, host and environment.

**'Seasonal':** The occurrence of KFD was seasonal. It appeared during the post-monsoon period, reached its peak in March, April and May and disappeared during the rainy season. During summer, villagers who frequented the area for firewood, fell a victim to the virus. The possibility of a person getting the infection was most when one visited forest area where monkey deaths had occurred. "The virus has been isolated from dead monkeys and hard ticks collected from sick persons."

KFD has also been isolated from animals, such as squirrels, rodents and bats. But in many animals, antibodies for KFD have been observed. The transmission of the disease occurs probably as a result of immature ticks acquiring the virus from any of the animals and transferring it to the monkeys or the people." He said the disease did not spread from man to man, nor was it transmitted by mosquitoes.

"The transmission of virus through tick is different from mosquito transmitted diseases. The peculiarity is because the blood-sucking habit of the tick differs from that of the mosquito. The tick will take blood meal after lodging in a suitable site to enable a continuous feeding for hours. It feeds on animal only three-four times in its life. On the other hand, the mosquito can take a blood meal on any part of the body and transmit the disease to a larger number of susceptible in a shorter time."

Dr. Narasimha Murthy said that as the KFD virus closely resembled RSSE virus prevailing in the Soviet Union, a field trial of RSSE vaccine was attempted. Even though serological response in the KFD affected areas was favourable, the vaccine did not prove all that successful. So, active research was now on to produce a vaccine which was likely to give good immunity and protect the people against the disease.

/13104  
CSO: 5450/0194

INDIA

HUMAN

BRIEFS

ALLEGED SMALLPOX DEATHS--At least 10 persons have died of small pox in Hirah and Alampur villages of Sultanpur district in the past few months, Mr Surya Pratap Shahi (BJP) alleged in the Vidhan Sabha today. Speaking on the admissibility of an adjournment motion, Mr Shahi said no government official had visited any of these villages. No medical aid had been provided either. The parliamentary affairs minister, Dr Ammar Rizvi, assured Mr Shahi that an inquiry would be ordered soon. [Text] [Calcutta THE STATESMAN in English 14 Jul 87 p 5] /13104

CSO: 5450/0197

INDONESIA

HUMAN

BRIEFS

GASTROENTERITIS CASES IN JAKARTA--Jakarta, 11 Jul (AMTARA)--Seven people have died while 92 others have been hospitalized because of gastroenteritis in the western part of the capital city. The epidemic first broke out on Tuesday with 36 victims but it changed the number quickly to 60 within only a day. Until today it was recorded 99 victims with seven deaths, though 47 of them have been allowed to return home. Most of the death victims are children as only one of them is 17 years old. [Text] [Jakarta ANTARA NEWS BULLETIN in English 11 Jul 87 p A4] /9274

DIARRHEA CASES IN SUMATRA--At least six people have died in a diarrhoea outbreak striking Natal sub-district, South Tapanuli regency, North Sumatra since early July. The victims were mostly adults, except a five-year old girl. They were inhabitants of the Batahan I transmigration site and Kubangan Topek village. At least 15 local dwellers were reported also suffering from diarrhoea. They are now being treated with traditional medicines. [Text] [Jakarta ANTARA NEWS BULLETIN in English 24 Jul 87 p A4] /13104

CSO: 5400/4386

## IRI ADMITS TO EXISTENCE OF AIDS AMONG POPULACE

London KEYHAN in Persian 2 Jul 87 p 6

[London KEYHAN in Persian; founder and publisher Dr. Mesbahzadeh]

[Text] Three weeks ago the Islamic republic officially admitted that the AIDS disease has also spread to our country. Dr 'Ali Reza Marandi, the Khomeyni regime's minister of health and medical education, admitted that two cases of AIDS have been seen in Iran. Both persons became infected with this dangerous virus as the result of the infusion of infected blood, and both died. However, he tried to portray these as exceptional cases and dismiss the subject.

The reality is that AIDS has existed in Iran for months, and that there are more cases of it than the two claimed by this minister. Numerous international reports, including the World Health Organization Report and the comments and testimony of several physicians working in Iran confirm the infection of a number of our compatriots with AIDS. Contrary to practice in most of the world's countries, this important matter, related to society's health and well-being, has also become a political football, and Islamic republic officials say everything about AIDS except the danger of it infecting the nation and the extent of its spread in Iran. For officials of Ayatollah Khomeyni's government, it was difficult to admit that in the "divine" society there are infections and illnesses related to 'Western corruption'. The regime's propaganda—which is always accompanied by contamination, joking and political attacks—has portrayed AIDS as the result of the general debauchery of the West's pleasure-seekers and homosexuals. More interestingly, the regime has claimed that American and world imperialism have created AIDS to fight the mobilized people of the Third World, and that they have spread its virus in the oppressed nations, especially Africa! The Tehran newspaper KEYHAN wrote in an editorial in the month of Esfand [20 February – 20 March 1987]: An invisible item has recently appeared among the export products of the United States of America to other nations of the world. This item is a mysterious microbe and the illness that comes with it is a feature of American society. American officials, who cannot by themselves find a cure for this terrifying disease, have sought to answer the problem by expanding it beyond their own borders!

The interesting thing is that this kind of political propaganda concerning this fatal disease started almost at same time in the Islamic republic as it did in Libya. Last March Colonel Qadhafi claimed in a revolutionary speech that the AIDS virus was first created by making genetic changes in microbes in other viruses in an American military laboratory—which was operating secretly to develop biological weapons—and was sent to Africa and revolutionary nations by various means. The West's press and news agencies—which have been astonished by the onset of a series of simultaneous political propaganda campaigns in the radical nations concerning aids—have pursued the subject and found the source of the propaganda in the conference of non-aligned

nations which was held last year in Zimbabwe. The Paris newspaper LIBERATION, covering the issue, wrote: At the conference of non-aligned nations in Hararah, a statement suddenly began circulating according to which America had created the AIDS virus with its military bacteriological laboratories. In that mysterious statement it was claimed that American army researchers at Fort Detrich, after making AIDS with a genetic montage, sent it to Africa in blood for the use of blood banks. It quickly became clear that that statement was written by a retired academic couple who had been employed at Humbolt University in East Germany, and had probably been distributed by a special KGB disinformation office at the conference of non-aligned nations. Before that, the text of this statement had been printed in the New Dehli newspaper PATRIOT—which is known for having special relations with the Soviet Union's secret services. There the reason for the spread of AIDS in America itself was said to be an error by American military physicians, who had tested the virus they made on black prisoners at Fort Detrich. One of these prisoners went to New York after release and started the spread of AIDS!

In any case, notwithstanding these commonplace political games in the Islamic republic—which has made a plaything for itself out of every aspect of the lives of our people—the spread of AIDS in Iran is a very serious problem. All of the conditions for the spread of this dangerous and (currently) incurable virus exist in Iran today: the widespread addiction to narcotics, especially heroin and morphine, which causes the spread of the illness through contaminated injection devices, the shortage of syringes and their repeated use by addicts, the lack of effective hygienic control, the widespread presence of prostitutes, and most important of all the matter of the war, which produces tens of thousands of wounded every month who receive blood transfusions where AIDS can be transferred through blood transfusions.

At a time when the black African nations have declared the spread of AIDS to be of catastrophic proportions in their lands and have said that the danger of casualties to this disease is even greater than that of the black continent's chronic civil wars and famines, even a closed and controlled nation such as the Soviet Union has made strict decisions concerning the control of borders and the undertaking of various experiments on persons suspected of being infected with AIDS. The Islamic republic has done nothing to find a solution that will confront this 'plague' of the 20th century.

Dr Marandi has only advised Iranians traveling abroad to be very watchful in their intercourse with foreigners! The Islamic sexual relations and the education necessary to prevent and treat AIDS forbidden topics of discussion, and it continues to use this serious and immediate danger for political propaganda against the West and America.

Perhaps the only way that the believers in the vice-regency of the chief theologian have thought of for fighting AIDS is to stone those afflicted with this disease!

9310  
CSO: 46400148

## VARIOUS CONCERNS ON SPREADING OF AIDS REPORTED

### Results of Survey

Dublin IRISH INDEPENDENT in English 6 Jul 87 p 9

[Text]

MORE advertising is needed to educate Irish people about AIDS, according to a new survey which says there is cause for concern about the level of understanding of the disease's sources.

The survey found that people were becoming more aware of the dangers of AIDS and fewer now feared meeting a victim of the disease. But nine per cent of those questioned said they did not know the sources of AIDS.

Women stressed transfusions as a source as they were more conscious of being hospitalised.

Only 28 p.c. of those questioned by Lansdowne Market Research feared meeting an AIDS victim—the figure in a January survey was 48 p.c.

Some 58 p.c. said they would react sympathetically to an AIDS victim, compared with 48 p.c. in January.

Casual sex was listed as a source by 43 p.c. compared with a previous figure of 23 p.c. A total of 52 p.c. replied that infected needles was a source of AIDS, compared with 40 p.c. in January.

The survey said an education programme by the Government since January had considerable impact. The January figures, from a Sunday World-Lansdowne survey, revealed a great degree of fear about the disease. The Government's

education programme had turned this around.

Two out of three Irish adults felt more money should be spent by the Government on AIDS education, while one in four felt too much was being spent.

Too little attention was being paid to condoms as a protection from AIDS, according to younger people. Yet older people felt too much attention was being given to condoms.

"This issue seems to strike at the root of the divide between the more contemporary attitudes of young Ireland and those of their elders," the survey said.

Only nine per cent said they would react with disgust to meeting an AIDS victim—the same as January.

The survey said Government posters which identified that shared needles and casual sex carried the risk of AIDS had worked. Asked about the main sources of AIDS, people blamed needles and casual sex to an even greater degree than they had in January.

In January, male homosexual intercourse was regarded as the main source of AIDS. The June survey relegated it to fifth in the list, down from 43 to 24 p.c.

The survey commissioned by the Sunday Press, questioned a total of 1,399 people at 50 sampling points.

### AIDS 'Explosion' Expected

Dublin IRISH INDEPENDENT in English 11 Jul 87 p 5

[Article by Eilish O'Regan]

[Text] Ireland is on the brink of an AIDS explosion as the number of babies born to mothers with the killer disease increases at an alarming rate, it was claimed yesterday.

Without adequate practical and educational training, the virus will inevitably spread at a chronic rate, Ms. Mary Clune of the Women and AIDS group warned the Women's Conference in Dublin.

She said that many people are HIV positive through contact with somebody who has the virus either by sleeping with them or sharing a syringe — but they are unaware they are infected because they have never been tested.

Already, it has been shown that Ireland has the highest number of HIV positive babies of any EEC country, per head of population.

A former heroin addict told how she received "no sympathy or counselling" when she was informed in a Dublin hospital that she had the virus. And she claimed that she had been trying for six months in vain to find a dentist who would treat her, because she felt she had a responsibility to say she had the virus in case dental

equipment was not properly sterilised for the next patient.

The women said that she had slept with men for money to feed her addiction and she had shared needles with friends. These people might now have the virus themselves, but they would never know unless they went for tests.

"I believe that three or four times as many people than is officially known are walking around with AIDS in this country", she added.

### Carrier Refused Treatment

Dublin THE SUNDAY PRESS in English 28 Jun 87 p 3

[Article by Ken Whelan]

[Text]

A 21-YEAR-OLD Dublin prostitute and AIDS carrier has claimed she was refused proper treatment at two city hospital casualty wards after attempting suicide last week.

The woman, a registered heroin addict, slashed a wrist several times last Thursday night but was allegedly left waiting and bleeding while the casualty staff in Jervis Street confirmed that she was an AIDS carrier.

When the medics paper stitched her wounds she was

abruptly told to leave the hospital.

The following night she went to the Richmond Hospital on the advice of a garda detective, but claims she was told by the medical staff there that since Jervis Street did not treat her, the Richmond staff did not intend to.

A spokesman for the Richmond Hospital denied the claims to The Sunday Press, while queries to Jervis Street on the allegations were unanswered because there was nobody available for comment.

/9274

CSO: 5450/0187

## PAPER REPORTS ON RESULTS OF HEALTH FUND CUTBACKS

### Child Surgery Hospital

Dublin IRISH INDEPENDENT in English 27 Jun 87 p 3

[Article by Eddie Cunningham]

[Text]

THE country's leading child surgery hospital has been reduced to performing just over half of the vital heart operations that are needed because of the cash cuts in the health services.

Surgeons warned yesterday that those waiting for non-emergency operations could have to face delays of years.

Reduced funding for Our Lady's Hospital for Sick Children at Crumlin has sparked off the crisis. A reduction in both intensive care beds and theatre hours will mean that only 160 of the 250 children who require surgery countrywide

are being operated upon.

The hospital predicted yesterday the waiting list will get much longer but it was stressed that all emergency cases will be dealt with.

But the medical people were asking — "Waiting for what?", seeing that there were so many ahead of them.

Intensive care beds at Our Lady's have been reduced — from eight to six.

The cut-backs have dealt a severe blow to one Cork family. Michael and Ann Weldon, of Bandon Crescent, The Glen, fear for their six year-old son,

Martin, unless he has an operation soon.

He needs open heart surgery and waits at home unable to attend school after receiving his "delay" letter this week from the hospital.

Mrs. Weldon said yesterday: "We were hoping for a letter of good news to come through the door and instead we got this. We are very disappointed, but do not blame the hospital."

### Obstetrics Unit, AIDS Worker

Dublin IRISH INDEPENDENT in English 2 Jul 87 p 3

[Article by Eilish O'Regan and Clare Grady]

[Text]

THE OBSTETRICS UNIT in St. James's Hospital, Dublin — which is facing closure due to health cuts — now has the country's lowest death rate among low weight babies, figures released yesterday reveal.

The hospital's mortality rate among babies of 500 grams and over has been cut dramatically from 16.1 p.c. in 1984 to a current level of 6.2 p.c. — lower than any figure published before in the country and equal to results achieved in the best units in the world, according to a report.

Professor Robert Harrison, Chairman of

the Perinatology and Gynaecology division, said the figures show it is the "safest obstetrics unit in the country" and highlighted the lack of judgment behind the decision to close it down.

He said he hoped the figures, which relate to the first six months of 1987, would bring home to the hospital's board the need to keep the unit open when they meet to consider its fate tomorrow.

"The data demonstrates what can be achieved by a hard-working and dedicated team as well as the fact that we have remained a relatively small maternity unit with around 2,000 deliveries a year", he said.

As part of a rationalisation plan brought on by health cuts it is planned to transfer the unit to the Coombe Hospital, but Professor Harrison said this was contrary to Department of Health policy.

"The Department has made it clear that it would like to see maternity units becoming more and more a part of a general hospital to further ensure the safety of mother and baby", he said.

He said it would be a more sensible move to transfer the Coombe's unit to St. James, where there is plenty of campus space to accommodate extra facilities.

"Our success rate is all the more praiseworthy when you consider that we are dealing predominantly with mothers from low income families where the rate of low birth weight babies is quite high", he said.

The figures also reveal a rise in the

number of caesarian sections carried out in the hospital — representing 7.95 p.c. of the 968 deliveries in the hospital during the first six months of this year.

"The natural way is encouraged but all modern techniques and technology, including epidural and operative delivery and employed without hesitation where indicated at an early stage", claimed the Professor.

● A LEADING Dublin hospital has been forced to sack a social worker dealing with drugs and AIDS counselling.

The social worker, who was employed at Jervis Street Hospital's Drugs Advisory and Treatment Centre as an addiction counsellor, was told recently that her job would have to go because of cut-backs in the health sector.

The Irish Association of Social Workers said it was increasingly difficult to believe in the Government's commitment to dealing with the AIDS problem when cut-backs were hitting services in the crucial counselling area.

"We are extremely unhappy that so few people are working in the area of AIDS and drugs counselling. Obviously anyone involved in drugs counselling is now having to deal with the Aids problem, which has huge implications for their work", said Joe Moran, vice-president of the Association.

"The Government claims to be doing something about AIDS, but it is difficult for us to accept that there is a commitment when we see someone who is doing this work losing her job".

## Orthopaedic Hospital

Dublin IRISH INDEPENDENT in English 7 Jul 87 p 5

[Article by Gene McKenna]

[Text]

PATIENTS needing vital hip and joint replacements will now have to wait four years, the country's leading orthopaedic hospital said yesterday.

Sr. Mary's Hospital in Cappagh, Dublin, has temporarily shut down its theatres in an attempt to reduce costs.

No surgery will take place at St. Mary's for three weeks as the hospital management try to make ends meet in the face of health cut-

backs.

A spokeswoman for the hospital — one of Europe's biggest orthopaedic centres — said it normally has ten surgeons working in pairs and performing five operations a day.

But the hospital budget has been reduced by £750,000, explained Sister Joseph Cybil. And the 600 joint replacements carried out a year, many on elderly people, will have to be halved.

"The waiting list was normally about two years, but it will now be four. There might be some people who will never get it done," commented Sister Joseph.

She stressed, however, that patients will continue to be treated at the hospital during the three-week theatre shutdown.

"Our work is vital, making people mobile who have been immobile," she added.

### COST-SAVING

The Cappagh staff have already been reduced in a cost-saving measure and

one ward has also been closed in the 175-bed hospital.

Meanwhile, health union leaders spearheading the campaign against the Government cuts have put forward their own counter-proposals to the document drawn up by the Department of Health.

And they will be pre-

senting these to the employers' side at the next round of talks in the hope that they can achieve a breakthrough in the impasse over the wide-ranging cuts.

The Alliance of Health Service Unions' leaders decided on their response to the employers when they met to review their strategy yesterday.

### **Biggest Hospital 'Savaged'**

Dublin IRISH INDEPENDENT in English 11 Jul 87 p 1

[Article by Brian Looney]

**[Text]** Health cutbacks entered a new phase yesterday as the country's biggest hospital was forced to cut its operations by 50 p.c. in a desperate bid to save £3 million.

St. James's Hospital in Dublin will have to shut 400 beds and cut staff by 300.

And in Co. Dublin, Monkstown Hospital is being forced to close down completely.

Thirty-five staff and 33 beds will go at the 150-year-old hospital.

"The cuts in St. James's are necessary if we are to remain open," Chief Executive Liam Dunbar said last night.

The board of directors have decided that:

● The hospital will offer emergency services only.

● Wards involved in surgical, medical and geriatric activities will shut with the loss of 400 of the 900 beds.

● Maternity services will be reduced by 50 p.c. and

patients referred to the Coombe.

● Out-patient and ear, nose and throat clinics to be cut by 50 p.c.

Mr. Dunbar insists the cuts are temporary and that services will be scaled up again next year in anticipation of the first phase of the new £28 million St. James's in 1989.

The new hospital is part of a Department of Health plan to have six major hospitals servicing Dublin before the 1990s.

Mr. Dunbar said the hospital's £30 million allocation for 1987 is £6 million less than it would take to maintain last year's level of services.

He understood from the Department of Health that funds would be available to maintain services at 1986 level, but when the reduced allocation came through it was realised that one third of their

budget had been spent by March.

Since then cost cutting measures have saved £2.5 million but at least a further £3 million has to be saved.

#### **JOB SHARING**

He is confident the necessary job shedding can be achieved through non-replacement of staff, career breaks, job shares and leaves of absence.

Before the end of August 80 jobs will go as student nurses and locum staff end their contracts.

FWUI National Hospitals Branch Secretary Tony Dunne last night called for a meeting with Health Minister Dr. Rory O'Hanlon.

The board of Monkstown Hospital announced a complete shut-down as the only option because of the cuts.

A spokesman said: "Because of our small size we are unable to respond to the type of economies envisaged by the Minister."

/9274

CSO: 5450/0186

## OPPOSITION CALLS FOR HEALTH MINISTER TO STEP DOWN

Kingston THE DAILY GLEANER in English 26 Jun 87 p 2

[Text]

THE People's National Party has called on Health Minister Dr. Kenneth Baugh to resign in light of the deterioration within the Island's health services.

PNP spokesman for health Dr. Ken McNeill said his party was calling on the Minister to quit office as it had become apparent that he was unable to influence the Minister of Finance to approve the funds necessary for the improvement of the ailing health system.

Dr. McNeill was speaking at a press conference at the Wexford Court Hotel, Montego Bay on Tuesday.

The health services were deteriorating Dr. McNeill said, while the Health Minister refused to accept this fact. He said that there was danger of an outbreak of a number of diseases and this was the result of the Government rationalization programme which has left health institutions without adequate staff

and equipment, and had caused wide-scale suffering especially among the poor.

He said "our country and our people face the great epidemic such as malaria, dengue fever, yellow fever, and AIDS. Our national disease control programmes have been dramatically cut back in face of all this and so have our health education programmes. Our hospitals are becoming unsafe because of lack of staff, rapidity in the turn-over of patients and the lack of life-saving drugs."

It was clear, the PNP spokesman said, that the time had come when the Health Minister should allow his conscience to persuade him to step down from office.

Also in attendance were members of the St. James Parish Council and Constituency Representative of the party and PNP Vice President Mr. Seymour Mullings.

CSO: 5440/179  
/9317

## HOUSE PASSES AMENDMENTS TO PUBLIC HEALTH ACT

Kingston THE DAILY GLEANER in English 26 Jun 87 p 2

[Text]

AN Act to Amend the Public Health Act so that the Minister may divest a Local Board of all or any of its functions was passed by the House of Representatives on Tuesday night.

The Bill touches specifically on street cleaning and garbage collection and legalises the functioning of Western Metropolitan Parks and Markets.

Health Minister Dr. Kenneth Baugh who piloted the Bill noted that the health of the several communities in the Island had been threatened when the Parish Councils had responsibility for sanitation. He said there had been cases of children being affected by diarrhoea and other diseases. The health environment had become totally unacceptable, he said, while noting the dramatic improvements which had taken place in Kingston.

Local Government Minister Neville Lewis supported the Bill and gave the background to the restructuring of Local Government. He said that garbage collection and street cleaning had proven to be more effective and efficient in the hands of professional management.

The Ministry, he said, had implemented the privatisation programme in late 1985; the towns had been zoned and contracts put to public tender. While there had

been improvements in the towns they had not yet reached the level of Metropolitan Parks and Markets.

Diligent and constant monitoring was needed, as well as penalties for those contractors who failed to perform, he said. But, the Parish Councils had failed to do that and there were complaints to the Ministry about undue pressure being brought to bear on the contractors. There was also a failure to encourage people to obey the Anti-Litter Law.

Mr. Lewis said the parish councils had had the responsibility for decades and had failed to perform. A new mechanism had been given to them and he was surprised and disappointed that they had still failed to perform.

Deputy Speaker of the House Dr. Sydney Beaumont supported the Bill and noted that Mandeville was once a clean and beautiful town but now there were signs of decadence and decay. He said the contractors had been doing a good job within the short period.

Southeastern Westmoreland M.P. Howard Wedemire opposed the Bill and said that the local authorities were being undermined. He was opposed to over-centralisation. He wondered who would monitor the contractors to ensure that they did a good job. The Parish Councils, he

added, should do the job as they had the local knowledge. They should not be undermined to the point where they no longer served a purpose, he said.

Closing the debate Dr. Baugh said that the Board of WPM was a voluntary one and the contracts for the respective zones of Montego Bay had been put to public tender. People, he said, seemed to forget the prolonged filth in the cities, now the mood had changed and businessmen were painting and rebuilding their premises.

"There is a new mood of consciousness of environment and cleanliness," the Minister said.

CSO: 5440/179  
/9317

LIBERIA

HUMAN

BRIEFS

MONEY NEEDED TO FIGHT AIDS--Monrovia, 19 Jul (AFP)--Liberia needs 3 million dollars to stop the spread of the acquired immune deficiency syndrome (AIDS) in its territory, according to the AIDS official at the Health Ministry, Dr Ivan Camanor. Part of the money would be used to train laboratory technicians to screen blood for AIDS, Dr Camanor said, while the rest of the money would go to pay a television and radio education campaign on the deadly condition. Health Minister Martha Sendolo Belleh said that Liberian and resident foreigners would be asked to donate blood for a screening exercise that would start with blood donated by local hotel and night club attendants. [Text] [Paris AFP in English 1453 GMT 19 Jul 87] /9599

CSO: 5400/212

AIDS COMMITTEE MEMBER SAYS NO CASES REPORTED

Port Louis LE MAURICIEN in French 8 Jun 87 p 6

/Interview with Dr Clement Chan Kam, member and consultant of the National AIDS committee, by Dharmanand Dhooharika; date and place not given/

/Excerpts/ /Question/ Dr Chan Kam, you are a member and consultant of the National AIDS Committee. As a dermatologist responsible for controlling transmission of sexual diseases, tell us what are the surveillance measures that the Ministry of Health has set up to detect AIDS in Mauritius?

/Answer/ One of the biggest scientific and medical gaps in Mauritius is above all a lack of instruments and equipment to detect AIDS. Within the context of our professional work we are unable to offer better service in medical matters because we do not have equipment for the time being. It suffices to note that we still do not have means of surveillance to detect AIDS. Undoubtedly, this raises delicate problems for us but I should point out that in the coming weeks the medical corps will be provided with certain equipment. We will be able to track down or do research work on antibodies against the HIV in blood and plasma donations. Therefore, when we have the equipment at our disposal it will be easier to detect the virus in the blood. As you know, we have already conducted an epidemiological study that permitted us to determine the risk factors in certain persons. We have examined several hundred Mauritians whose activities entail a high risk of infection. I again repeat that we will be capable of conducting serological tests on certain groups of Mauritians only when we will have available all the necessary equipment.

/Question/ Given the fact that sexually transmitted diseases have shown a capacity to spread rapidly and effectively, both within a given country or on an international level, how do you explain this prolonged delay by our Ministry of Health?

/Answer/ It is true that we are a bit behind schedule in tracking down AIDS in Mauritius because of a lack of surveillance systems. The Mauritian people must, however, understand that we still need time to have a research team set up. We need the collaboration of various organizations. It is not always easy to get everything one wants. But I personally believe that research is necessary in several fields particularly virology, immunology, serology, pathogenesis, clinical and patholigical aspects and epidemiology. Interested officials are aware of all these problems and I believe that they will soon draw up and assess a national policy to track down AIDS in Mauritius.

/Question/ Ninety-one countries in all regions of the world have reported AIDS cases to WHO. Do you believe that because of AIDS we risk being infected through the annual visit of more than 400,000 tourists?

/Answer/ Yes. I believe that we must be absolutely realistic because AIDS is not the affair of any one given country. It is a syndrome that threatens everyone. My WHO colleagues, experts and epidemiologists, have already said that it is an epidemic that is spreading in almost all the countries of the world. It is true that 91 or 92 countries in every region of our globe have reported cases of AIDS. It would be advisable to put educational materials at the disposal of international tourists so that they might be better informed on how HIV is transmitted and how to protect themselves from it. As for Mauritius, we still have not detected AIDS here but that does not mean that there is no virus present. We are not protected from AIDS in Mauritius because it is a tourist and industrial island. We are exposed to the risk of being infected by tourists. We also have contact with countries such as North America and Africa where AIDS has assumed alarming proportions.

/Question/ So, can one conclude that we are exposed to the risk of infection by tourists?

/Answer/ There is no doubt that in the months to come we are going to face the fact that there are AIDS cases here. We should not be surprised that AIDS cases are introduced by tourists or by Mauritians returning from France or elsewhere. It is altogether impossible to control tourists who carry the AIDS virus. A WHO report has concluded that tracking down HIV among tourists will only slow down for a short while the propagation of HIV on a world-wide scale and in a given country. For example, all tourists cannot be made to submit to tests at great expense. It is impractical and unjustifiable. But I must stress that AIDS has been introduced into certain countries by tourists. Should AIDS be tracked down on tourists? That is a question that comes up for discussion. It will cause upheavals. After AIDS has been introduced by tourists, certain countries like Bavaria, Germany, are calling for certificates from travelers so as to be assured that they are not virus carriers. Other big countries such as India demand a seronegativity certificate from students coming from Africa. There is no doubt that public opinion will grasp this sensitive question to avoid the introduction and spread of AIDS in our country. Since everyone is concerned about this problem other governments will probably introduce unilateral measures calling on their visitors and tourists to submit to such a test.

/Question/ Let us now return to our question on the detection plan. Personally, do you not think that there are AIDS cases in Mauritius that have not yet been noted by the authorities concerned? Moreover, you have stated that there are no means available in our country to detect the virus.

/Answer/ All that I can tell you is that other members of the committee and myself have not yet detected a single case of AIDS in Mauritius. During our previous investigation we did not find any seropositivity case. Therefore, there is no case of AIDS officially recorded up to the end of May 1987. However, anything can change in 24 hours. At this juncture I would like to make a point:

a rumor is circulating that there have been AIDS cases in Reunion. Personally, I did not hear it. One must differentiate between those sick people affected by AIDS and persons infected with HIV. However, it seems that 10 to 30 percent of people infected with HIV will come up with AIDS during the 5 first years of the infection. So, if Reunion has 30 cases one must understand that they are seropositivity cases. In other words, that they are carriers of the AIDS virus.

Question As a consultant of the National AIDS Committee are you afraid that this virus is present among certain Mauritians?

Answer We have not yet detected this virus in Mauritius because we do not have the appropriate instruments. But I will not be surprised to see the AIDS virus in our country in 1 or 2 weeks. With the collaboration of WHO we have already conducted tests on 615 persons. Almost half of this number possesses a high risk to contract this virus. Prisoners, hotel employees and prostitutes are the groups most likely to contract AIDS in our country. Mauritius will not escape AIDS because the risk of infection is always present among homosexuals and male bisexuals. AIDS is propagated among drug users who administer heroin intravenously. Therefore, we must detect the AIDS virus in the contaminated blood of drug users also. The groups most exposed to the risk of infection are prostitutes, homosexuals, heterosexuals, bisexuals and drug users. I repeat once more that we must maintain surveillance on this high risk group.

Question Must we be afraid of AIDS?

Answer Yes. But nobody should panic if we should discover some AIDS cases among high risk groups in the coming months. For more than a year now we have worked with various organizations to conduct our investigations on the presence of AIDS in Mauritius. These investigations have helped us draw up an index of about 1,000 persons. The most recent investigation permitted us to examine the blood of 615 Mauritians (both men and women) among prisoners and prostitutes. All of these preliminary investigations have been negative but this does not necessarily mean that there are no AIDS cases in Mauritius.

5671  
CSO: 5400/112

MOZAMBIQUE

HUMAN

VACCINATION COVERAGE IN INHAMBALE CAMPAIGN EXPECTED TO BE 70 PERCENT

Maputo NOTICIAS in Portuguese 1 Jul 87 p 8

[Text] As was the case in the nation's capital, a broad grass-roots movement is underway in Inhambane Province to see that the Accelerated Vaccination Program is successfully completed. The campaign, which has the support of the United Nations Children's Fund, UNICEF, is intended to cover 70% of the target population and is being conducted in every district of Inhambane by checking health assistance cards on a house-to-house basis.

This information was recently furnished to this newspaper by provincial health officials, who added that they are now working on mobilizing support and increasing public awareness of the purpose of the Accelerated Vaccination Program, PAV, and its significance.

Officials said that the program basically seeks to prevent some of the diseases that afflict children--such as tuberculosis, diphtheria, tetanus, measles, whooping cough, polio, and diarrhea. Providing health services to expectant mothers is another goal.

In order that the objectives of the PAV be better understood and participation improved, party cadres and health workers at all levels, along with members of grass-roots democratic organizations, recently attended a provincial seminar on maternal and infant health at Vilanculo district headquarters in Inhambane Province.

According to Marcelino Costa, a preventive medicine expert and head of the Provincial Office for Rural Community Health, the seminar was intended to train personnel in methods of mobilizing the public on a house-to-house basis in order to ensure greater immunization coverage as well as to give health workers the means to evaluate the goals to be attained under the program.

According to 2 vaccination schedules provided to this newspaper, house-to-house immunization is to take place today in 8 more blocks of Malhangalene "B" in the First District. Animals will also be vaccinated in Bairro das FPLM in the Fourth District.

MOZAMBIQUE

HUMAN

BRIEFS

NO INCIDENCE OF AIDS--Blood tests on 400 workers at a major company in Maputo province in southern Mozambique have indicated that none of them are likely to be carrying the deadly Acquired Immune Deficiency Syndrome, AIDS, virus. A report in today's NOTICIAS newspaper of Maputo says blood samples were taken from the workers at Coboco, an Italian construction (?company based) west of the Mozambican Capital. Coboco has just completed the construction of the Pequenos Lebombos Dam. The samples were flown to Italy for analysis in a specialized laboratory and all turned out to be negative. Similar blood tests have been carried out elsewhere in Mozambique to find out whether or not AIDS poses a serious threat to Mozambique. So far Mozambique's Health Ministry has confirmed the only case of AIDS. It was a male foreigner whose name or nationality was never announced publicly. [Text] [Maputo in English to Southern Africa 1100 GMT 5 Aug 87 MB] /12913

CSO: 5400/226

## AIDS: SCREENING OF FOREIGN TOURISTS URGED

Karachi. DAWN in English 3 Aug 87 p 3

[Text] AUG 2: 'Though no case of AIDS (Acquired Immune Deficiency Syndrome) has so far been reported in Pakistan, the Government should take preventive measures and screen all foreign tourists, in view of the increasing number of such cases in America and Europe.'

This was the consensus among the various speakers who took part in a discussion on 'AIDS' at the American Centre on Sunday. It was arranged by the Pakistan Medical Association, Lahore in collaboration with the American Centre. The PMA President, Dr Ashfaq Rana presided.

Addressing the select gathering, Prof Abdul Hayee of King Edward Medical College, said that so far no pathological laboratory in the country had detected AIDS but added that with the facilities available, the labs were also unable to detect the AIDS virus.

In his view, a special laboratory should be set up, preferably in Karachi, where, he said, chances of AIDS invasion due to higher frequency of foreign visitors, were greater.

Explaining the symptoms of

AIDS, Dr Hayee noted that in the early stages the patients started losing weight and suffered from repeated attacks of infection.

He pointed out that the disease took about three years to surface after the virus had attacked an individual. That was the problem why people returning back to the country after short visits abroad could not be screened against AIDS, he added.

Prof Hayee said that human faces, semen and blood were the major carriers of the virus and preventive measures should be taken against these carriers.

Dr Ashfaq Rana said that it was still under consideration whether AIDS exists in Pakistan. In his opinion, though no case had yet been reported, 'various agencies should remain vigilant.'

Dr Muzaffar Shah, Dr Mubarak, Dr Mumtaz Raja, Dr Saleem Faruqi, Dr Tariq Mian, and Dr M.A. Soofi also took part in the discussion.

Earlier, a documentary was shown which depicted the fast spread of AIDS in certain states of America and the steps being taken by the American government to prevent it.

/13104  
CSO: 5400/4718

INVESTIGATION OF MEASLES EPIDEMIC IN ZHUJI COUNTY

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese Vol 8 No 2, Apr 87 pp 92-95

[English abstract of article by the Investigation Group of Measles Vaccine  
Immunity Duration]

[Text] From February to June in 1985, the number of measles cases was 9.4 times that of the total cases occurring during the past 11 years since the research base was set up. Of these cases, 87.7 percent were concentrated in elementary schools and kindergartens.

Because the HAI antibody titer of all dominant infectious cases is less than 1:2, it seems that the measles attack can be prevented if the HAI antibody can be improved through the HAI monitoring method. When people whose HAI antibodies are less than 1:2 are exposed to measles, those who had unsuccessful primary vaccinations are characterized as having dominant infections, while those who had successful primary vaccinations but do not have a detectable antibody level show the recessive infection or no infection. This epidemic process shows again that about 85 percent of the positive rate of the HAI antibody and about 10.8 of the positive GMT in the group can stop further spreading of the disease. However, in individual units where there are a lot of susceptible cases, a higher attack rate may be expected.

In addition, when those who received only one successful vaccination 12 years ago were exposed to measles, the recessive infection rate was as high as 75 percent. This is of importance to group immunization. The possibility of one effective vaccination for measles is feasible at present.

9717

CSO: 5400/4135

ESTABLISHMENT OF AFP AND HBsAg-PRODUCING HUMAN HEPATOCELLULAR CARCINOMA CELL LINE

Shanghai YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese  
Vol 13 No 5, Sep 86 pp 321-325

[English abstract of article by Cao Yunzhen [2580 7301 6297], et al., of the Laboratory of Immunology, Zhongshan Hospital, Shanghai Medical University; Zheng Zhaoyao [6774 0340 1031] of the Department of Surgery, Cancer Hospital, Shanghai Medical University]

[Text] A human hepatocellular carcinoma cell line designated as CZHC/8571 (Chinese Zhongshan Hepatocellular Carcinoma/8571) has been established by tissue fragment culture. It was derived from a case of hepatic carcinoma associated with chronic active hepatitis. The first transfer was carried out 32 days after culturing. The cells were maintained in continuous culture for 9 months (25 passages). The CZHC/8571 cell populations of the 10th transfer showed the following characteristics: (1) Morphologically the cells were distinctly similar to the original tumor cells; (2) their doubling time and mitotic indices were 64 hours and 70 percent, respectively; (3) their chromosome number varied widely, with a mode of 84; (4) AFP and HBsAg were detectable in the 20 time-concentrated cell culture medium after 24 hours of subculturing; (5) AFP and HBsAg-producing tumors were induced in all three nude mice after inoculation with these cells.

The results indicate that the CZHC/8571 cell line is a hepatocellular carcinoma cell line possessing the ability to synthesize and secrete AFP and HBsAg. It may serve as an experimental model in studies of the relationship between the hepatitis B virus and hepatic carcinoma.

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9717

CSO: 5400/4126

DETECTION OF CIRCULATING IMMUNE COMPLEXES IN VIRAL HEPATITIS USING SOLID PHASE ELISA-C<sub>1q</sub> BINDING TEST

Shanghai YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese  
Vol 13 No 6, Nov 86 pp 408-411

[English abstract of article by Tang Jiaming [3282 1367 6900], et al., of the Department of Microbiology, Faculty of Basic Medical Sciences, Shanghai Medical University; He Dechang [5170 1795 2490] of the Department of Infectious Diseases, Zhongshan Hospital, Shanghai Medical University]

[Text] A solid phase ELISA-C<sub>1q</sub> binding test was developed for detection of circulating immune complexes (CIC) in viral hepatitis. The use of C<sub>1q</sub> purified by affinity chromatography and the appropriate conjugate in this system showed low background and high specificity. The sensitivity was as high as 0.5 µg aggregated human IgG (AHG) equivalent/ml, while the average concentration of CIC in 61 normal controls was 53.69 µg AHG equivalent/ml. Some of the factors which might influence the test are discussed.

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9717

CSO: 5400/4126

PORUGAL

HUMAN

CONFIRMED AIDS CASES INCREASE

Lisbon DIARIO DE LISBOA in Portuguese 24 Jul 87 p 20

[Excerpt] AIDS cases have recently increased in Portugal, and 60 of them have already been confirmed. The situation shows signs of becoming more serious. Our country is beginning to take important measures, one of which is visiting residences to provide advice on how to avoid the syndrome.

The number of AIDS cases and deaths will increase in Portugal, since many individuals who have been infected for several years are only now beginning to show signs of the disease. This was stated by Professor Caetano Machado of Lisbon University's Faculty of Medicine.

Besides the many tens of individuals who up to now have shown clear signs of the disease, there are others--more numerous--who are carriers of the virus, but who appear healthy, even though they can transmit the disease.

/12913  
CSO: 5400/2503

## PEOPLE INFECTED WITH AIDS AFTER RECEIVING BLOOD

Johannesburg BUSINESS DAY in English 14 Jul 87 p 5

[Text]

CAPE TOWN. — Several South Africans have become infected with the AIDS virus because of loopholes in the system set up to protect blood transfusion recipients from AIDS infected blood.

This was disclosed by blood transfusion authorities yesterday who said at least 36 people — six of them Capetonians — had been given transfusions of blood from people who were later identified as AIDS (HIV) carriers.

The loophole was exposed after routine screening of donations showed that some donors — about 12 in Cape Town and 13 in Johannesburg — had AIDS antibodies in their blood.

Routine testing of blood donations was introduced in SA's six transfusion services between August 1985 and early 1986.

The loophole, which led to the exposure of blood recipients, lies in donations made to transfusion services before universal AIDS

antibody testing was introduced.

In confidential memorandums sent to the exposed patients' doctors, Dr Pat Coghlan of the Western Province blood transfusion service said it was "possible that some individuals who now have a confirmed positive test for anti-HIV could have been infectious at the time of the previous untested donation".

The confirmation by the medical director of the SA blood transfusion service in Johannesburg, Dr Robert Crookes, that "fewer than 10" of the 30 people exposed to untested blood had indeed become AIDS positive, indicates Coghlan's prediction was ominously accurate.

Another, and potentially more serious, loophole in the system lies with the latent period between the time a person becomes infected with AIDS, and the time that infection can be shown by tests.

It is believed this period

ranges between three weeks and three months — during which a person could donate blood without either the current antibody tests, or the soon-to-be-introduced direct tests for the virus itself, showing any sign of infection.

Coghlan, and all the other medical directors of blood transfusion services spoken to, admitted there was nothing that could be done now or in the foreseeable future to close this "window" through which AIDS infected blood could be transmitted to unsuspecting recipients.

Dr Giles Bartlett, medical director of the Highveld Blood Transfusion Service, said: "We are trying to screen out high-risk donors at their first donation by giving them questionnaires asking them relevant questions."

Other medical directors said the chances of the average recipient of blood or blood products becoming infected through either loophole in the system were "infinitesimal".

/9274  
CSO: 5400/215

2,234 AIDS CARRIERS, 75 ACTUAL CASES REPORTED

MB290508 Johannesburg SAPA in English 2151 GMT 28 Jul 87

[Excerpts] Parliament July 28 SAPA — The latest available figures showed 2,234 AIDS carriers had been identified in South Africa, the minister of national health and population development, Dr Willie van Niekerk, said today.

In reply to a question by Dr Marius Barnard (PFP Parktown), he said of these, 1140 were white, 1093 black (946 of them miners), 31 coloureds, three Asians and 57 unknown.

In reply to another question by Dr Barnard, he said a total of 75 cases had been diagnosed of which 55 were South Africans.  
[passage omitted]

"An anonymous confidential register of AIDS cases is kept at the SAIMR [South African Institute for Medical Research], Johannesburg, under the supervision of experts who ensure that all diagnoses are confirmed and verified. This protects people who suffer or may be suspected to suffer from AIDS from unnecessary and unwarranted victimisation and harassment."

He said he had the power to take what action should be deemed necessary and the advisory group on the disease monitored the situation and advised regularly on suggested management.

He confirmed that officials of his department had met members of the Medical Association of South Africa at their request for them to make representations about AIDS. "Discussions took place ... and the association withdrew its request," Dr van Niekerk said.

/9274  
CSO: 5400/214

SOUTH AFRICA

HUMAN

BRIEFS

2,324 AIDS CARRIERS REPORTED--Parliament, Aug 4, SAPA--A total of 2,324 carriers of the AIDS virus had been identified in South Africa, the minister of national health and population development, Dr Willie van Niekerk, said today. In reply to a question of Dr Marius Barnard (PFP Parktown), Dr van Niekerk said of the total number of carriers identified, 1,140 were whites, 31 were coloureds, 3 were Indians, 1,093 (of which 946 were miners) were blacks and there were 57, whose race was not known. [Text] [Johannesburg SAPA in English 1502 GMT 4 Aug 87 MB] /6091

CSO: 5400/224

SWEDEN

HUMAN

### EVERY THIRD HEROIN USER FOUND TO CARRY HIV INFECTION

Stockholm DAGENS NYHETER in Swedish 16 Jun 87 p 38

[Article by Ursula Stigzelius: "In Greater Stockholm--Every Third Heroin User Has HIV Infection"; first paragraph is DAGENS NYHETER introduction]

[Text] One-third of the known heroin addicts in Stockholm are HIV positive. This is stated in a report from the Social Services Administration in Stockholm. But none of Stockholm's drug addicts have yet become sick with AIDS.

The Social Services Administration has investigated the drug addicts with which it had contact during the first quarter of 1987.

The aim of the investigation was primarily to get a picture of the drug abuse situation and the spread of the HIV infection among drug addicts in Stockholm.

"It is important to get a correct picture of the situation in order to be able to plan the needed measures, and also to try to simplify the debate," commented social welfare commissioner Inger Bavner.

#### Contact With Drug Addicts

The investigation included all the clients that the social districts, treatment homes and the central narcotics treatment units in Stockholm had contact with during the first quarter of 1987, and who abused narcotics during the past year.

The social services in Stockholm had contact with a total of 1,408 addicts from Stockholm. Of these, 194 were known to be HIV positive.

Social welfare commissioner Inger Bavner prefers not to give an estimate of the total number of drug addicts in Stockholm, but stops with a reluctant guess of "barely two thousand."

"I will say that the social services in one way or another have contact with most drug addicts in Stockholm," claimed Inger Bavner.

Of the 290 heroin addicts included in the investigation, there were 95, or about one-third, who were HIV positive. Among the mixed-drug addicts there were also many who mainly used heroin, who were HIV positive. Heroin addicts are mostly HIV tested. Eighty-three percent had undergone an HIV test.

For the most part the HIV infected addicts are found among those who have the hardest addiction, who mainly live on welfare, criminality or prostitution, and who have no home of their own.

#### HIV-Infected Prostitutes

So far no drug addicts in Stockholm have developed AIDS, but according to information from Roslagstull Hospital there are 25-30 who are in the risk zone.

Among the HIV-infected addicts there are as many female prostitutes as in all the other groups. That is one fact which confirms that the HIV-infected are so often heroin abusers.

"Heroin addicted women are driven to prostitution rather quickly," commented Roger Holmberg, secretary at the treatment bureau, and one of those working with the statistics.

Otherwise the investigation disclosed, rather surprisingly, that as many as 194 addicts supported themselves by their own work.

Relatively many, 462 persons, had their own home.

To a greater extent HIV-infected persons lived with relatives or friends, in prisons or treatment homes, or had no place to live.

#### Compulsory Care of the HIV-Positive

HIV-positive women are in treatment homes to a greater extent, since they are exposed to compulsory care significantly more than both HIV-negative women and HIV-positive men.

More than half of the HIV-infected persons were injection-drug addicts during the time the investigation took place.

The investigation also takes up the question of what the personnel of the social districts and institutions need most. The answer was largely treatment spaces for drug addicts with grave psychological problems.

The HIV-positive mostly need LVM spaces, a shortage which will be somewhat alleviated in the fall when 10 planned LVM spaces at Ralambshov Hospital become available. The Social Welfare Administration is also planning a treatment home in Sala with 10 spaces for clients from Stockholm.

9287  
CSO:5400/2489

SWEDEN

HUMAN

#### GOVERNMENT AGENCY WARNS OF HIDDEN CHLAMYDIA EPIDEMIC

Stockholm SVENSKA DAGBLADET in Swedish 7 Jul 87 p 7

[Article by Anders Falkirk: "Social Services Administration Warns of Hidden Epidemic: Chlamydia Should Be Classified as a Venereal Disease"; first paragraph is SVENSKA DAGBLADET introduction]

[Text] The Social Services Administration wants the government to classify chlamydia as a venereal disease according to the infectious diseases law so that the spread of the disease can be stopped.

The Social Services Administration points out that 80,000-120,000 youths get the disease every year, and uses the word epidemic in its writings to describe the situation.

"Although the extent of chlamydia has previously been noted, nothing has been done to limit it, but now something must be done. Today chlamydia is more common than gonorrhea ever was," said Ulla Holmstrom, head of the Social Services Bureau of Health Information.

#### Young Women Affected

According to the Social Services Administration chlamydia is most common among women under age 25. An investigation of 1,100 pregnant women in Gavleborg County showed that every fourth woman under 20 had the disease. But also young men are largely affected. Of 105 recruits examined in Stockholm County, every tenth one had the chlamydia infection.

#### Infection Tracked

Classification of chlamydia as a venereal disease according to the infectious diseases law mainly means three things:

- Examination and treatment would be free of charge.
- Doctors who treat an infected person must carry out infection tracking; in other words find out what sexual contacts the infected person has had.

- The infected person must follow certain rules of conduct, and compulsion can be used against the negligent.

Ulla Holmstrom believes that it is most important that the examinations be free, since that will perhaps entice more youths to visit hospitals and care centers.

"Then through infection tracking we can come in contact with other infected persons who can be treated. Also through infection tracking we can get a better picture of how extensive the spread of the infection is. Today we do not know exactly how many have chlamydia," she said.

Chlamydia is spread through sexual intercourse and is treated by a week-long course of antibiotics. Condoms, and as few incidental contacts as possible, are the only preventive measures.

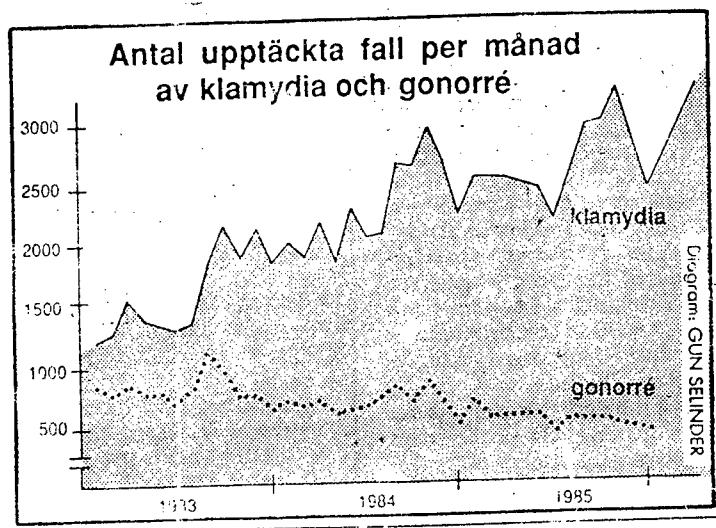
#### Difficult to Discover

What made previous attempts to fight chlamydia more difficult was that the disease is very difficult to detect.

Signs of the disease can be a discharge and painful urination. Sometimes, however, there are no symptoms, and many youths can therefore be infected without knowing it, and can thereby spread the disease farther.

Even though chlamydia can appear to be a mild disease, it can cause more serious follow-up sickness. Untreated chlamydia is, for example, the most common cause of fallopian tube infection, which in turn can lead to sterility and tubal pregnancy.

In men chlamydia can cause testicular infection with sperm damage as a result, and in some cases can cause sterility.



Caption: Number of cases discovered per month of chlamydia and gonorrhea.

9287  
CSO: 5400/2489

TURKEY

HUMAN

#### SUSPICION OF CHOLERA IN DIARRHEA EPIDEMIC

Istanbul TERCUMAN in Turkish 8 Jun 87 p 3

[Article by M. Ali Kapakli: "Cholera Epidemic"]

[Text] Sanliurfa (TERCUMAN) - Hospitalization of 300 people and the death of two children from diarrhea in the past week in Sanliurfa has created panic among the public.

With the hospitalization of an average of 30 people a day for diarrhea in Sanliurfa came the fear of cholera, and when a TERCUMAN correspondent asked health directorate authorities if there were cholera in Urfa, they replied, "We cannot say anything on this topic... However, there have been fatal cases of diarrhea in the hospitals; two children, in fact, have died. The municipality must provide emergency chlorination of drinking water and monitoring of all foods."

Public health is reportedly endangered by presence of the E. coliform bacillus in the water in Sanliurfa, where diarrhea has reached epidemic proportions.

#### Water Not Chlorinated

Citizens surrounded our correspondent who went to observe the patients and shouted, "Killer municipality, killer environment." They said they were going to send a petition to the president about the lack of concern of the health directorate and the municipality.

State Hospital authorities said that diarrhea is caused by food sold by outdoor vendors, unchlorinated water and untreated sewage and that, with the untreated sewage flowing into Karakoyun Stream, fruit and vegetable gardens were virtually sowing death.

#### Two Children Died

Hospital authorities said that two children had died of diarrhea, that they were trying to treat patients with serum and that most of the time there were no empty beds in the emergency rooms.

8349

CSO: 5400/2486

## STATISTICS ON CONTAGIOUS DISEASE CASES IN AL-SHARIQAH REPORTED

Abu Dhabi AL-ITTIHAD in Arabic 7 Jul 87

[Text] The number of those afflicted with contagious deseases in al-Shariqah during last May totalled 415. Measles cases totalled 21, German measles cases totalled 7, chickenpox cases totalled 303, infectious liver inflammation cases totalled 2, whooping cough cases totalled 6, infectious mumps cases totalled 5, influenza cases totalled 63, food poisoning cases totalled 4, syphilis cases totalled 2 and tuberculosis cases totalled 2.

Also, the number of tuberculosis cases discovered among the foreign workers given medical examinations totalled 31, of which 27 cases were not contagious, and 4 were contagious; 2 cases were compelled to leave the country and 2 cases were cured in the country.

The number of positive cases discovered in testing for intestinal parasites totalled 267 out of 1273 tested. Most of the positive cases occurred among Asian workers.

Last May 779 domestic workers, 100 food workers, 331 drivers, 88 agricultural workers and 2015 others were tested.

On the medical level, 5100 persons were innoculated, including 1324 for tertian fever , 1420 for palsy, 334 for measles, 226 for tuberculosis, 1398 for cholera, 132 for 2-day fever and 266 for [M.M.?].

In addition, the number of births totalled 554, the number of deaths totalled 33, the number of health certificates requested totalled 3313, and age estimation certificates totalled 75.

Regarding the activities of mother and infant health care centers in al-Shariqah, the number of prenatal visits totalled 94, the number of other visits totalled 587, postnatal visits totalled 12, infant care visits totalled 306. The number of visits totalled 2091.

In the area of health education, 795 seminars were held and 25 educational films were shown. In addition, there were 213 home visits. The number of innoculations given in those centers totalled 705, including innoculations for measles, infantile paralysis and tertian fever.

13286  
CSO: 54004527

**BRITISH INSURERS CONCERNED OVER RISE IN AIDS CASES**

London THE SUNDAY TELEGRAPH in English 5 Jul 87 p 30

[Article by Stephanie Jones]

[Text]

AS THE worldwide Aids epidemic gathers pace it is becoming increasingly clear that the killer virus poses growing financial as well as social threats. The most obvious of these is to the life insurance industry which, as was pointed out at last month's International Aids conference in Washington DC, faces almost exponential growth in Aids-related payouts.

Most large life insurance companies in Britain have already faced Aids-related claims. Sun Alliance has paid out on 20 policies, Pearl on two. The size of payment in Britain has so far been relatively small, an estimated £7 million in total — but insurers are worried.

There were 41 new cases and 24 deaths last month, of which at least a third were insured. The Association of British

Insurers has a special Aids committee and resident expert, and the Prudential, Britain's largest life insurer, has a centre for Aids study.

If faced with the pandemic spread of Aids, British underwriters would intensify their scrutiny of applications to avoid, or increase charges to, persons at high risk. Sun Life mentioned the possibility of doubling premiums on single males between the ages of 20 and 30.

Compulsory Aids testing before the issue of a policy could happen here — but costs would be passed on to the would-be policyholder. Sun Life, with about 1 per cent of the market, receives over 300 proposals a day; testing even a third of these would run into nearly £2 million a year. Raising all premiums is seen as a last resort; insurers argue that the average policyholder would rather they discriminated

against those at high risk than pay more for cover.

Because life insurance companies in Britain put the onus of Aids testing on the individual, they may dissuade people from voluntary testing. What happens if the answer to their question is "Yes", and the applicant is HIV-positive? In most cases, any life insurance cover would be refused, although, unlike the United States, counselling and further advice would be arranged.

Recent findings suggest that only 20 to 30 per cent of those carrying the virus in its early stages will develop Aids within five years. But to insurers, who are bound to pay out on death from Aids if the policyholder was not infected on taking out the policy, the risk is greater than any other disease, and to be avoided by them at all costs.

/9274

CSO: 5450/0191

VIETNAM

HUMAN

BRIEFS

AIDS RESEARCH GROUP SET UP--A research group on Acquired Immune Deficiency Syndrome, AIDS, has been set up in Ho Chi Minh city, southern Vietnam. The research group is headed by Doctor Duong Quang Trung, director of the city health service. Of late, several workshops were held in Ho Chi Minh city on AIDS and sexually transmitted diseases. Measures were discussed by medical experts and health officers at these workshops to prevent the spread of AIDS in Vietnam. [Text] [Hanoi International Service in English 1000 GMT 15 Aug 87 BK] /6662

CSO: 5400/4389

## TSETSE FLY CONTROL PROGRAM

Lusaka TIMES OF ZAMBIA in English 20 Jun 87 p 5

[Text]

AN aerial spray tsetse fly control programme to be jointly undertaken by the Government and the European Economic Community (EEC) in Kalomo district is to start on July 15.

The exercise is to cover 4,500 square km of tsetse infested areas of chiefs Siachitema, Chikanta, Macha and Machila.

Announcing the start of the programme during a series of public meetings he addressed in Chief Chikanta's area Southern Province Member of the Central Committee Cde Felix Luputa said seven planes were already in the district for the exercise.

Cde Luputa who could not say exactly how much the exercise would cost said K9 million had been allocated to the district for the purpose.

The Party and its Government would like to make the areas free from tsetse fly so that people could start farms.

Cde Luputa was happy to hear that settlement areas in Chief Chikanta's area which has a population of 18,000 people last year produced 91,000 bags of maize.

It was gratifying that as tsetse fly was being eradicated many people were drifting to the area to open up new farmlands.

Cde Luputa also announced that out of the 200 wells to be sunk in various parts of the district 160 would be allocated to settlement areas in Chief Chikanta.

The Party and its Government was scouting for more farms for water rehabilitation programmes in the drought stricken areas of the province. — Zana.

/9317  
CSO: 5400/113

ZIMBABWE

HUMAN

BRIEFS

CHOLERA OUTBREAK IN REFUGEE CAMP--The minister of labor, manpower planning, and social welfare, Comrade Frederick Shava, says the cholera outbreak in the Tongogara Refugee Camp in Chipinge has cost the lives of many displaced Mozambicans. Comrade Shava says health officials have been mobilized to contain the situation and clinics have been ordered to set up road blocks to ensure that infected persons do not leave the area. He said this when he received two ambulances from the United Nations high commissioner for refugees, and two more from UNICEF, for displaced Mozambicans. [Text] [Harare Domestic Service in English 0500 GMT 21 Jul 87 MB] /9274

CSO: 5400/214

CZECHOSLOVAKIA

ANIMAL

BRIEFS

VARROASIS THREATENS BEEKEEPING--Czechoslovakia leads Europe in the number of beehives per square kilometer on its territory. For 10 years now a parasitic disease, varroasis, has been holding our beekeepers back from still further development. Thanks to the concerted efforts of beekeepers in conjunction with veterinarians and researchers, we are in better shape than neighboring countries, but even so the mite that causes the disease continues to expand. The intensity of mite occurrence is on the whole very low, which indicates a new invasion or the first stage. There has not yet been a case in which a hive has had clinical signs or has died from an attack of varroasis alone. Currently samples are being studied which were collected at the end of the winter. Depending on the number of mites the hive is either sprayed with the miticide Tactic or destroyed (there can be no more than three parasites). In contrast to other European countries where the hive is only treated, we have the most strict standards. This is also the reason that veterinarians, researchers and beekeepers in the CSSR have been enjoying isolated, but nevertheless larger successes than their colleagues in the other European countries.  
[Text] [Prague LIDOVA DEMOKRACIE in Czech 26 May 87 p 3] 9276/12859

CSO: 2400/368

HONG KONG

ANIMAL

BRIEFS

NEW RABIES REPORT--Another indigenous canine rabies case was confirmed yesterday, bringing to four the number of cases this year. A 49-year-old woman, Mrs Chow Chau-mui, was bitten by her son's rottweiler puppy in Shui Lau Tin village on Sunday. The senior veterinary officer of the Agriculture and Fisheries Department, Dr Norman Cheng, said the puppy had died but examination had confirmed the dog was rabid. He said stringent rabies control measures, including massive stray sweeping operations, had been stepped up in the area since the outbreak at Shek Tau Wai on June 19. "Up to yesterday, a total of 659 stray dogs and 22 cats had been rounded up and put down," he said. Dr Cheng said Shui Lau Tin was within the existing rabies infected area of Kam Tin and Pat Heung so it was not considered necessary to extend the rabies infected area boundaries. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 11 Jul 87 p 3] /9274

CSO, 5450/0183

MOZAMBIQUE

ANIMAL

### 3,500 ANIMALS VACCINATED IN MAPUTO

Maputo NOTICIAS in Portuguese 3 Jul 87 p 2

[Text] Already 3,500 dogs, cats, and chickens have been vaccinated under the anti-rabies campaign in the first, second, third, and fourth Urban Districts of the nation's capital, according to data furnished by Svilen Maidenvov, a veterinarian.

Since resumption of the campaign on 22 June, in 34 blocks of Malhangalene "A" and 24 blocks of Malhangalene "B" in the First District, 1,826 chickens, 185 dogs, and 48 cats have been vaccinated--the cats and dogs against rabies and the poultry against Newcastle disease.

Yesterday work began at 0800 on more than 8 blocks--specifically, blocks 25 to 32. Vaccination was performed on a house-to-house basis and was compulsory.

In the Second District, 363 dogs and 260 cats have been vaccinated so far. In the Third District, 187 dogs and 163 cats have been treated. In the Fourth District, 208 dogs and 373 cats have received the vaccine.

In the last 3 districts, vaccinations are being administered at pre-established central locations. Dr. Maidenvov said that chickens are not being immunized in those districts since it would be very hard for residents to bring the birds to the treatment sites.

The veterinarian also said that some participation has been observed in Bairro das FPLM, where the campaign was to have ended on 30 June. The rate of participation in other neighborhoods is commendable, and this is due to the intense efforts made by neighborhood political units to mobilize the residents.

The work is being carried out by 25 technicians who are students at the School of Veterinary Medicine, as well as 6 others from the Provincial Department of Agriculture in Maputo.

Also discussed at the seminar, according to Costa, were the procedures to be followed in requisitioning vaccine and ensuring its effectiveness, as well as determining the percentage of vaccine waste.

"Because it is intended that we reduce the infant mortality rate and the incidence of diseases that can be prevented by inoculation, the meeting stressed the work being done on maternal and infant health and family planning," Costa said. He added that the house-to-house effort will continue in order to ensure achievement of the program objectives of protecting the health of children and pregnant women.

#### Children From the South Vaccinated

Meanwhile, as on previous occasions, the districts in southern and central Inhambane Province have shown higher indices of participation than expected. According to Costa, the PAV goals have not been met in the northern zone. He believes that the differences observed in previous campaigns were caused by difficulties in transporting the teams of workers and by the war going on in some of the areas, especially in the northern parts of the province.

Urged to make a statement on the achievement of the 70 percent goal, our source said that this year everything possible is being done to create the conditions for achieving the planned results throughout Inhambane Province.

The need to educate the public as to the steps to be taken to prevent certain diseases was one of the aspects emphasized by Mr. Costa during his conversation with our reporter since, as he said, "mobilization of the population through the grass-roots structures in each rural community could improve the health of our children, and this is the purpose of the vaccination program."

Parallel to the vaccination effort another program is underway--a family planning program intended to result in better spacing of pregnancies. Speaking about that project, Kate Gingell, a general practitioner and advisor on maternal and infant health in Inhambane, said that in the central and southern districts where acceptance has been rather low, health workers are dedicating their efforts to explain the consequences of the failure to practice family planning. "In the two cities, for example, there is only 4 percent acceptance. The rate is even lower in the rural areas--only 1 to 2 percent," Dr. Gingell lamented.

The physician believes that the percentage of acceptance by the population in the north of the province will be even lower. However, "we will do everything possible to see that the program is understood, because it is one way of reducing the serious problems of infant mortality."

12830  
CSO: 5400/211

## OUTBREAK OF FOOT-AND-MOUTH DISEASE

Lusaka TIMES OF ZAMBIA in English 9 Jul 87 p 5

[Text]

THE Government has re-introduced restrictions on movement of livestock and related products in Southern Province following a fresh outbreak of foot and mouth disease on the Kafue Flats in Mazabuka district.

Acting director of veterinary Dr George Chizyuka said in Lusaka yesterday the ban was from today.

Last month Mazabuka veterinary officer Comrade Juda Mwemba was reported to have issued a ban on the movement of livestock in the area because of an outbreak of haemorrhagic septicaemia which mainly attacked cattle. There has been no report on whether the ban has been lifted.

Dr Chizyuka attributed the fresh outbreak of foot and mouth disease in Mazabuka to game animals particularly buffaloes which were recently seen wandering in the area.

The other cause was the drought which had led to hundreds of cattle moving to the flats.

The ban includes the movement of livestock and products such as cattle, pigs, sheep, goats, dried fish in straw grass, meat, fresh and sour milk, butter and cheese.

But pasturised milk, cheese and butter of the Dairy Produce Board (DPB) would be allowed to move out of the district depot with the express permission of the local veterinary officer, he said.

Fresh and dried fish on ice would also be allowed to move provided that it was not wrapped in grass-palm leaves.

To ensure that the ban was effectively implemented the veterinary and tsetse control services department officials would mount the road-blocks on the strategic cross-roads leading out of the district.

The department had embarked on a ring vaccination starting with Kafue north bank, covering an area stretching from Kafue township in Lusaka Rural to Munga in Namwala through Keezwa and Muchabe areas of Mumbwa.

Dr Chizyuka said 75,000 doses of foot and mouth disease vaccine was available for immediate implementation of the programme.

He asked farmers and motorists to comply with the ban to forestall any further spread of the disease.

The restrictions would be reviewed as soon as the vaccination programme was completed and the disease was contained, Dr Chizyuka said.

In another development, Agriculture and Water Affairs Minister Cde Fitzpatrick Chuula said more than a third of Zambia had been infested by tsetse fly, reports Zana.

Opening the first national livestock conference, Cde Chuula said the fly which spreads trypanosomiasis, a disease deadly to cattle and other domesticated animals, was still spreading to an even larger part of Zambia.

In a speech read for him by the ministry's director of planning Dr Kabeta Muleya, he said recent studies had shown a progressive increase in infested areas.

"Unless quickly contained, the damage to Zambia's livestock industry will be enormous."

The impact of the fly cover had been particularly hard because it covered some of the most fertile lands in Zambia.

/9317

CSO: 5400/113

## MALL, NIGER, BURKINA COORDINATE TO FIGHT PESTS

Niamey LE SAHEL in French 12 May 87 p 3

/Excerpt/ The first meeting to coordinate activities to fight pests in the Liptako-Gourma region convened yesterday morning in the office of the Ministry of Planning. The meeting is scheduled to end this afternoon. Participants at the meeting are to discuss problems dealing with fighting pests in the Liptako-Gourma region.

Coming on the footsteps of problems relating to a great lack of rainfall, these particular problems have become a major preoccupation of the Sahelian people. In this connection, Mr Souleymane Seydou, secretary general of the Ministry of Planning, who chaired the opening of the meeting, mentioned that the 1986-1987 harvest season was very much upset by a generalized attack by pests, particularly grasshoppers and jerboas, in all of the Sahelian states, especially in the countries of the Liptako-Gourma Authority.

Fortunately, these large-scale attacks have been overcome thanks to the efforts of the member states supported by the international community. Mr Seydou added that although efforts undertaken are certainly commendable they would be more effective if they had been coordinated on a subregional level, something that would provide security to the overall region affected.

These large-scale migrations of agricultural pests from one country to another hamper actions undertaken by individual countries alone. That is why, Mr Seydou stressed, if "the coming harvest does not provide cheerful prospects in this respect" it becomes necessary to consider joint measures as of now to prevent these calamities.

In this connection, the initiative of the regional cooperation organization, that is the Liptako-Gourma Integrated Development Authority, should be solicited to coordinate activities, now conducted separately by the member countries, by way of an overall plan to fight pests.

This latter initiative will be added to the former, within the context of protecting plant life where the Liptako-Gourma Authority has set up five mobile fumigation units in the three countries concerned.

### Plant Health Situation in the 1986-1987 Harvest Season

Burkina: Plant health was dominated by the invasion of grasshoppers, especially in the natural vegetation in the northern part of the country, particularly in the frontier region with Mali.

Mali: The situation was also dominated over the entire season by grasshoppers that had been noted since May.

Niger: The situation has been of concern over the entire season because of the appearance of numerous pests the most important of which are grasshoppers and jerboas.

### Measures Taken by Member States

Burkina: A large-scale operation in October covered 238,000 hectares instead of the 200,000 hectares planned.

Mali: Efforts undertaken treated 231,000 hectares.

Niger: Areas treated amounted to 420,000 hectares throughout the country of which 175,791 hectares in the Liptako-Gourma region.

5671

CSO: 5400/112

CANADA

PLANT

PRAIRIE CROPS HIT BY U.S. APHID-SPREAD VIRUS

Ottawa THE OTTAWA CITIZEN in English 18 Jul 87 p A4

[Text]

WINNIPEG (CP) — A virus brought by aphids from the United States is attacking wheat and barley crops on the Prairies, the head of the Agriculture Canada research station in Winnipeg said Friday.

Tom Atkinson said barley yellow dwarf virus, which stunts growth in crops, has been detected in 70 per cent of fields from southeastern Manitoba to the Rockies.

"These aphids do not overwinter in Canada but are blown from the south," he said.

"It seems a higher than normal barley yellow dwarf has also been reported from North Dakota."

Atkinson estimated half the fields will lose about 10 per cent of the crop. A few will have losses of at least half.

/9317

CSO: 5420/39

**LARGE BUDWORM OUTBREAK REPORTED IN WESTERN FORESTS**

Vancouver THE SUN in English 3 Jul 87 p F5

[Article by Rod Nutt]

[Text]

The western spruce budworm outbreak this year has affected an area in the Interior much larger than ever before, forestry and industry officials say.

The last major outbreak in 1976 covered 225,000 hectares, according to Ron Edward, pest management coordinator in the Kamloops office of the ministry of forests and lands.

"This year, the figure is well over 500,000 hectares," said Edward.

In the last outbreak, the infected area was centered on Ashcroft and spread to Kamloops in the east, Lillooet in the west and Boston Bar in the south.

But this year's infestation has expanded farther east to Salmon Arm and north to Clearwater.

The almost hairless, reddish brown caterpillar emerges from its cocoon in late May and devours new buds on Douglas fir until late June. Then it turns into a harmless moth.

"The budworm generally doesn't kill the Douglas fir, which is a very hardy tree," said Edward. "But it greatly reduces the tree's vigor and growth... and in the case of new stands which don't have the same energy reserves as older growth the result could be mortality after two years."

The insidious nature of the budworm makes it difficult to assess the value and volume of timber that is lost.

But it is clearly substantial.

Typically, a budworm outbreak occurs every eight to 10 years and lasts from three to four years. This year is the third year of the current cycle. Outbreaks have been monitored since 1909.

What is known is that one budworm outbreak reduces the volume of timber — through reduced growth — by about 17 per cent over 100 years.

"And because there are perhaps eight outbreaks over that time the volume could be reduced by 50-60 per cent," said Edward.

A B.C. forest service survey estimates a loss of 815,000 cubic metres of wood over the 90-year rotation cycle of the interior Douglas.

As a result, the province experimented with spraying for the first time this year on a small sample block 30 kilometres northeast of Kamloops.

"We've got a program under way to measure the long-term impact of the budworm," said Edward. "We have permanent sample plots to measure the loss of tree growth affected by an attack compared to a stand that is unaffected."

"We have to assess the cost of spraying in relation to the amount of wood saved," he added.

Spraying was planned during the last cycle in the mid-1970s but political pressure ultimately killed the program.

This year, the ministry used a biological spray — bacillus thuringiensis, or BT — which is host-specific and therefore doesn't affect other insects.

Bob Helfrich, a planning officer in the region for the forest company, Weyerhaeuser, confirmed that the budworm outbreak is expanding in the dry belt in the Fraser Valley (the wet coastal forest isn't susceptible to the budworm).

Helfrich agrees that it is difficult to measure the losses caused by the budworm.

"The budworm doesn't wipe out a tree in one year . . . it doesn't kill the trees so it's difficult to assess the losses over a short period of time," said Helfrich.

"But we do know that there is significant growth loss and in some cases elimination of new trees so it's important to try to stop the outbreaks."

An outbreak comes to an end naturally after three to four years because of weather conditions and predators that feed on the budworm.

/9317  
CSO: 5420/39

## CANADIAN BEETLES SOUGHT TO FIGHT SOVIET RAGWEED

Ottawa THE OTTAWA CITIZEN in English 9 Jul 87 p A12

[Text]

HARROW, Ont. (CP) — Canadian scientist Jack Alex spent a day crouching in fields in southwestern Ontario, hunting for a tiny weapon the Soviet Union wants.

The weapon is a beetle called *Zygogramma disrupta*, which the Soviets say will help in their fight against ragweed — a pest to farmers and hay fever sufferers in the foothills of the Caucasus Mountains between the Black and Caspian seas.

The weed, native to North America, was likely shipped to the Soviet Union inadvertently in seed grain, researchers working on the international exchange project said this week. But the ragweed beetle and other insects that feed on and control the plant were left behind.

In their absence, ragweed has flourished, crippling agricultural land in and around the city of Stavropol.

"When I was there, I saw whole fields of vegetables, potatoes and tomatoes just smothered under ragweed," said Peter Harris, a research scientist for Agriculture Canada in Regina. "You couldn't even see the vegetables."

"It's a two-fold problem," said Harris, who is in charge of the department's biological weed-control section. "Not only is it affecting their agricultural production, but it's also affecting the people."

"The Soviets tell me that 10 per cent of the population in that area is suffering from hay fever."

Alex, a professor of environmental biology at the University of Guelph, and student Jeff Stewart searched fields Tuesday for the beetle and other helpful insects near this community outside Windsor.

"It won't totally eliminate the weed, but it will reduce the amount of ragweed," Alex said.

The beetle lays its eggs on ragweed, which is also its sole source of food. The beetles eventually kill the plant and it's this parasitic relationship the Soviets hope to tap.

"The ragweed there is at least a hundred times worse than anything you've got in Ontario," he said. "The Soviets just don't have anything that will eat it."

The first shipment of the beetle was sent to the Soviet Union in 1970, but it was destroyed by Soviets who were suspicious the bug would harm their sunflower crop.

Years of research proved their fears were unfounded and the Soviets now are anxiously awaiting new shipments.

Alex also looked for a seed fly known as *Euarestabellula* that may also help the Soviets cut down on ragweed numbers.

In return for the insects, Canadian researchers will get Soviet help to tackle their own weed problems. Soviet researchers are collecting bugs to help control two weeds of Russian and European origin introduced in Canada — the leafy spurge, found on the Prairies, and the spotted knapweed in British Columbia.

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CSO: 5420/39

ST CHRISTOPHER AND NEVIS

PLANT

BRIEFS

MANGO WEEVIL THREAT--Mr John Woodrooffe, Entomologist from the Food and Agriculture Organisation of the United Nations, visited St Kitts-Nevis recently and advised the Department of Agriculture of the presence of the Mango Seed Weevil in Dominica. The Weevil, he says, is a relatively new pest in the region and has already been reported in St Lucia. The Department is now attempting to keep the Mango Seed Weevil from reaching St Kitts-Nevis and will not allow any further shipments of mango from Dominica to enter the country. The Department says Authorities in Dominica have already been informed. [Text] [Basseterre THE DEMOCRAT in English 20 Jun 87 p 4] /9317

CSO: 5440/180

## MEASURES BEING TAKEN AGAINST MIGRATORY CRICKETS

Dakar LE SOLEIL in French 23 Jun 87 p 18

/Report by Saliou Fatma Lo/

/Text/ "The cricket threat that reached its peak during the second agricultural harvest has incited officials of the plant protection service to take all measures necessary to save our crops." The above statement was made by the director of the DPV /Plant Protection Department/ during a 2-day visit to the region.

The cricket threat exists in a latent state. Nevertheless, we are ready to contain it, in fact, to check it. It was with these words that Mr Mouhamadou Ly opened his meeting with the regional press while on a trip to the Tambacounda region which, because of its geographic location, is the cricket entry point into Senegal. Last year, the region was the victim of pests which fortunately were not able to continue their ravaging. So, since the threat still exists the DPV has adopted a new strategy to counter it.

For Mr Ly, the methodology lies in searching for crickets in order to spot critical zones, to organize village committees to fight the pests, to distribute information and to dispatch products and materials up to the rural community level. According to the director of the DPV, Senegal's own means have been mobilized supplemented by the international community so that our country might block the cricket invasion. They include medicinal products for plants, fuel, vehicles and motorcycles. As soon as the first rains fell the pest control procedures were put into effect to face up to the problem. Presently, no immediate danger has been observed.

Mr Ly went on to point out that teachers have been trained to fight the problem (Non-Governmental Organizations agricultural personnel and rural associations personnel) who, in turn, would pass their knowledge on to CER /Rural Expansion Centers/ personnel.

Mr Ly added, "This year, 1,500,000 hectares of crops are expected to be treated. Of this number, 800,000 hectares will be sprayed by air and the rest by ground means." He indicated that farmers are to treat close to 170,000 hectares, something that highlights the position they should have in the pest control process. He added, "Necessary lessons were derived from the previous harvest season and they were put to good use."

Thus, preventive measures have been taken since December 1986, together with help from the FAO, AID, Canada and France. Moreover, it should be noted that there has been a decrease in the amount of surface areas to be treated, something that will permit a more intense search for pests on the ground and an increase in the services' means to stamp out the pest infestation sources as soon as the signal is given and aircraft used to conduct rapid operations.

Mr Ly also noted that the farmers' information line is "well greased" and that one may rest assured but also remain vigilant in Tambacounda taking into account the faultless work done by the regional plant protection inspectorate. In conclusion, he said that with respect to cricket migration the OCLALAV /Joint Anti-Locust and Anti-Aviarian Organization/ and the FAO are providing periodic bulletins on cricket movements that are taking place in the Chad basin.

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CSO: 5400/112

VIETNAM

PLANT

AGENCY ISSUES NATIONWIDE CROP PEST WARNING

BK020628 Hanoi Domestic Service in Vietnamese 1100 GMT 31 Jul 87

[Text] According to a notice by the Vegetation Protection Department, over the past 10 days rice bugs have caused serious damage to summer-fall rice in various northern provinces, mostly in Thanh Hoa and Nghe Tinh. Elsewhere, leaf folders are ravaging early 10th-month rice in Hai Hung, Hanoi, and Haiphong. In addition, rice armyworms and stem borers are attacking rice seedlings and directly sowed rice plants in scattered localities.

In the southern provinces, rice planthoppers have inflicted extensive damage on the rice crop planted with the strain IR-42 in Minh Hai and An Giang while rice bugs have caused serious losses of rice in Phu Khanh and Nghia Binh. In addition, summer soybean and corn have been hit by lima bean pod borders and aphids.

It is forecast that in the next 10 days in the northern provinces rice bugs will continue to cause serious damage to summer-fall rice, fourth-generation stem borer caterpillars will continue to hatch in large numbers, and leaf folders will affect early and main rice crops. In the southern provinces, brown planthoppers, rice planthoppers, and *Nigrospora oryzae* will continue to attack rice plants; rice armyworms and leaf folders will continue to hit the late rice crops; and rice bugs will cause serious losses in Phu Khanh and Nghia Binh.

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CSO: 5400/4388

## MEASURES ISSUED TO COMBAT INSECT INFESTATION

BK230507 Hanoi Domestic Service in Vietnamese 1100 GMT 21 Jul 87

[Text] The Vegetation Protection Department recently issued a notice saying that during the past 10 days, rice bugs, rice armyworms, rice skippers [as printed], rice caseworms, stem borers, and rice hispa have appeared and ravaged summer-fall rice and 10th-month rice in the northern provinces and cities.

In Nghe Tinh, Thanh Hao, and Binh Tri Thien Provinces, rice bugs have spread to bushes at the edges of villages and forests in a high density, from 1,000 to 1,500 insects per square meter. The number and infestation scope of rice bugs are larger than during the same period last year. These localities have actively adopted manual measures to destroy these insects. Thanh Hao alone has caught as many as 19 metric tons.

The density of rice bugs in the mountainous and delta provinces is also increasing. In Hanoi, Ha Son Binh, Thai Binh, and Ha Bac, the density of these insects has reached several thousand per square meter. In Lai Chau, Son La, Cao Bang, Nghe Tinh, Hai Hung, and Ha Son Binh Provinces, armyworms have destroyed more than 10,000 hectares of upland rice and 10th-month rice seedlings and corn. A limited infestation of cotton leaf rollers is also reported in some localities. Meanwhile, stem borers are causing summer-fall rice and 10th-month rice seedlings in a number of areas to wither at a low rate.

In the south, rice caseworms are ravaging summer-fall rice and the main rice crop in the Mekong River Delta. In the provinces in the central part of the country, stem borer flies are appearing scatteringly and the density of stem borer larvae is increasing gradually.

Rice bugs have caused limited harm to spring-summer rice and summer-fall rice in Phu Khanh Province and lima bean pod borers have appeared and caused limited but serious harm to soybeans in some localities. Meanwhile, thousands of hectares of corn in Coa Bang, Lai Chau, and Son La have been ravaged by aphids, green plant bugs, and rice armyworms. [sentence as printed]

It is forecast that in the next 10 days, rice bugs will continue to spread vigorously, thus causing harm to summer-fall rice that is in the blooming stage in the northern provinces. Rice armyworms and rice caseworms will

continue to create havoc and the density of rice caseworms will increase. Meanwhile, stem borer flies will appear in abundance in late July and early August.

In the south, rice caseworms will cause more serious harm to rice in the Mekong River delta provinces while stem borers will develop scatteringly, and brown planthoppers and rice planthoppers will cause limited harm to rice in a number of localities.

The Vegetation Protection Department suggests that the northern provinces concentrate on catching rice bugs with such manual measures as lamps and nets and closely follow the developments of rice armyworms, rice caseworms, and stem borers so that manual measures can be adopted to destroy them. Meanwhile, the southern provinces should continue to eradicate rice caseworms, stem borers, rice armyworms, and rice bugs in localities where there is a high density of them while closely observing the development of brown planthoppers and rice planthoppers in infested areas.

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CSO: 5400/4384

VIETNAM

PLANT

BRIEFS

DONG THAP PEST CONTROL--In Dong Thap Province, more than 26,000 hectares of summer-fall rice, or nearly 40 percent of the cultivated area, were affected by harmful insects, mostly stem borers, leaf rollers, and rice planthoppers. The local vegetation protection service coordinated with various production and business establishments and other provinces to procure more than 100 tons of pesticide for the districts concerned. Hundreds of additional tons of pesticide were obtained by the districts through purchase from or barter deals with friendly units. This pesticide was promptly turned over to peasants to help them control the harmful insects and protect the summer-fall rice. The vegetation protection service sent numerous technicians to various establishments to work with the peasants in inspecting ricefields and monitoring the status of the harmful insects. They also worked out control measures and aided the peasants into implementing them without delay. Thanks to satisfactory insecticide procurement and expeditious organization of pest control work, the affected rice area in Dong Thap has been reduced by 8,000 hectares compared to the early days of July. [Text] [Hanoi Domestic Service in Vietnamese 1100 GMT 18 Jul 87 BK] /8309

CSO: 5400/4384

END